

No. 2  
4-12-40  
5-17-39  
I X23

**D** JAN 15 1941 791  
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **4178 Sacramento** **3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County \_\_\_\_\_  
(c) City or town **O'Fallon** **N.R**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Marrietta Agles**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. **July 18 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>4</b>	<b>24</b>	hr. _____ min.

9. Birthplace **Lebanon Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Unknown Flood**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Sanders**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. F. Reineke**

(b) Address **4178 Sacramento Ave.**

17. (a) **Removal** (b) Date thereof **12/14/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lebanon, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **DEC 13 1940** (b) **J. H. Budeck**  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **13**  
year **1940** hour **2** minute **7** A. M.

21. I hereby certify that I attended the deceased from **12/7/40**  
\_\_\_\_\_ 19\_\_\_\_, to **12/12** 19**40**

that I last saw **her** alive on **12/12** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure.**

Due to **Cardio - Renal - Vascular Disease.**

Due to **Arricular fibrillation.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **J. M. O. Marvick** (M. D. or other) **M.D.**  
Address **3633 Fair Ave.** Date signed **12/13/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20112510

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Guy W. Wilkerson

Licensed Embalmer No. 3575

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**