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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8627
State File No. 2037
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis, Mo.
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Otto Agles
(b) If veteran, name war None
(c) Social Security No. 488-18-7489

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Agles
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May 6, 1872

8. AGE: Years 68 Months 9 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business Nil

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maude Agles
(b) Address 4254 a Olive St

17. (a) Burial (b) Date thereof 3/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAR 4 1941 (b) J. H. Medeck
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1917
(d) Street No. 4254a Olive 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1941 hour 12.01A.M.

21. I hereby certify that I attended the deceased from 2-15
1941, to 3-3 1941;
that I last saw him alive on 3-2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Collapse 6 hrs.

Due to Carcinoma of Caecum 2 yrs.
(and operation for its removal) 2 days

Other conditions None

Major findings: Carcinoma of ilio-caecal junction with obstruction
Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury None
23. Signature Donald O. Fish (M. D. or other)
Address 634 N. Grand St. Date signed 3-3-41

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

MOTHER FATHER

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..... *Shorey Eynck*.....

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo*

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.