

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16556**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4074**

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:
4034 a N. Grand
(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 **Missouri** (b) County **000**
(c) City or town **St. Louis** **107**
(If outside city or town limits, write "RURAL")
(d) Street No. **4034a N. Grand** **F**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Leander S. Agee**

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

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

6. (b) Name of husband or wife **Lillie Agee** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased. **Sept 16 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant **Lillie Agee**

(b) Address **4034a N. Grand**

17. (a) **Burial** (b) Date thereof **5/16/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson Barracks**

18. (a) Signature of funeral director **E. J. Schurr**

(b) Address **E. J. Schurr 6125 Lafayette**

19. (a) **MAY 15 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16** 19**41**
year **1941** hour **9:10** minute **A** M.

21. I hereby certify that I attended the deceased from **May 13**
19**41**, to **May 14** 19**41**,
that I last saw him alive on **May 13** 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 yrs.**
Due to **Arterio Sclerosis** **22 yrs**

Due to.....
Other conditions (Include pregnancy within 3 months of death) **93**

Major findings:
Of operations **93**
Of autopsy **93**
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 **Louis Kapp** (M. D. or other) **17**
Address **2114 E. Grand** Date signed **5-14-41**

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

SC
17
9

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.....

Jose B. Hollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.