

S. No. 2
DM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3
Registrar's No. 934

FILED FEB 4 1943
Registration District No. 318

Primary Registration District No. 17003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4459 Elmbank /
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4459 Elmbank
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Agnew

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Elizabeth Larkin Agnew

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 24 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	0	8	hr. min.
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9. Birthplace Londonderry Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Agnew

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

14. Maiden name O'Neil

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

16. (a) Informant Rose Brath

(b) Address 4459 Elmbank

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitewater, Wisconsin

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JAN 20 1943 (b) J. F. Bredek
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1943 hour 5:00 minute 17 A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942
to Jan 2, 1943
that I last saw him alive on Dec 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis 10 yrs.
Bronchial Asthma 10 yrs.
Senility

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

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 _____ (Specify type of place)

23. Signature J. F. Bredek (By D. or other) _____

Address St. Louis, Missouri Date signed 1/2/43

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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 *Frank H. Stumpf*

Licensed Embalmer No. 2265

P. O. Address 4600 Fox Bridge

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.