

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

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **930**

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community **25 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4254a Olive St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Maud 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 **Husband** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **May 5 1876**
(Month) (Day) (Year)

8. AGE: Years **67** Months **8** Days **24** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Herself**

MOTHER FATHER } 12. Name **Unknown**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chester S. Black**
(b) Address **3644 Natural Bridge**
17. (a) **Burial** (b) Date thereof **1/31/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**
18. (a) Signature of funeral director **Suedmeyer & Sons**
(b) Address **3934 N. 20th St.**
19. (a) **JAN 30 1944** (b) **J. F. Baskich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29th**
year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Coronary Occlusion**

Due to **Diabetes**

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

Major findings:
Of operations _____
Of autopsy _____

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?

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature **Alfred J. Perry** (M. D. or other)
Address **North Park** Date signed **1/30/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Alfred J. Boedeker*
Licensed Embalmer No *2663*
P. O. Address..... *3934 Alpha*

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.