V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1945

State File No. 39080

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10836

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Baptist Hosp
(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 Mo (b) County 000

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4551 Clarence Ave 9
(If rural, give location) 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Agnes Deters

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 11 (Day) 1881 (Year)

8. AGE: Years 64 Months 7 Days 0 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name George Logan
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Murphy
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Joseph Deters
(b) Address 4551 Clarence Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 13 (Day) 45 (Year)
(c) Place: burial or cremation Oak Grove Mousoleum

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) DEC 12 1945 (Date received local registrar) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1945 hour 9.30 AM minute M.

21. I hereby certify that I attended the deceased from 9-1-45, 19, to 12/11-45, 19;
that I last saw her alive on 12/11-45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr

Due to Hepatitis Chr - Glomerulos

Due to Hydrothorax Medical

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Above

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

23. Signature R Kaufman (M. D. or other) 12/12-43
Address 4932 Maryland Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Andrews
4932 Maryland Ave

10836

10836

MAY 24 1955

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 Edwin L McDermott

Licensed Embalmer No. 3024

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.