S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14459

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3608

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: St. Anthony Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week, (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, (If outside city or town limits, write "RURAL") 15

(d) Street No. 4134 Pennsylvania Ave., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Edward Agnew,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male,

5. Color or race White,

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

6. (b) Name of husband or wife Katherine,

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

7. Birth date of deceased September (Month) 2, (Day) 1861. (Year)

8. AGE: Years 84 | Months 7 | Days 16 | If less than one day hr. min.

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

10. Usual occupation Retired,

11. Industry or business

FATHER
12. Name Asa Agnew,
13. Birthplace (City, town, or county) Georgia, (State or foreign country)

MOTHER
14. Maiden name Bridget O'Hara,
15. Birthplace (City, town, or county) Ireland, (State or foreign country)

16. (a) Informant Ophelia A. Rust,
(b) Address 4134 Pennsylvania Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 4/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) APR 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1946 hour 8: minute 55 P. M.

21. I hereby certify that I attended the deceased from Apr 10, 1946 to Apr 18, 1946 that I last saw him alive on Apr 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	?
Coronary Occlusion	8 days
Due to	
Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other) MD

Address Paul Brown Bld. Date signed Apr 19 46

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., 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.