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5-17-39  
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13807

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3758**

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

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 days**  
(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")  
(d) Street No. **1424 Cole St**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Bonnie Lee Agers**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced..... **Single**

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

7. Birth date of deceased.....  
(Month) **2/15** (Day) **1948**

8. AGE: Years **38** Months **2** Days **1** If less than one day  
hr. min.

9. Birthplace **Trenton Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business **Housework**

12. Name **Eugene Taylor**

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

14. Maiden name **Emma Bell Hesse**

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

16. (a) Informant **Joan Kerr**

(b) Address **3658 COOK**

17. (a) **Burial** (b) Date thereof **4/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **Richard Toney**

(b) Address **3129 Ligat**

19. (a) **APR 20 1948** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**  
year **1948** hour **5** minute **35 P** M.

21. I hereby certify that I attended the deceased from  
**April 1**, 19**48**, to **April 16**, 19**48**;  
that I last saw her alive on **April 16**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease with left Failure; Acute; Kidney Failure; Uremia**  
Duration **Undet.**

Due to.....

Due to.....

Other conditions **Bilateral Salpingitis with Inflammatory Bleeding-Puerperal**  
(Include pregnancy within 3 months of death)

PHYSICIAN Major findings: **origin**  
Of operations.....

Of autopsy **No**  
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 **0**

23. Signature **Oscar J. Deville** (M. D. or other).....

Address **2601 N Whittier** Date signed **4/19/48**

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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..... *Clark Young*

Licensed Embalmer No..... *53710*

P. O. Address..... *St. Louis*

**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.**