

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25576

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>1825</u>			
1. PLACE OF DEATH a. COUNTY <u>Mo. St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overlands</u>		c. LENGTH OF STAY (in this place) <u>6 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overlands</u>		<u>4271</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8104 Nola</u>				d. STREET ADDRESS (If rural, give location) <u>8104 Nola</u>				<u>0.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>L.</u>		c. (Last) <u>AGNEW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 3, 1862</u>			
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>		IF UNDER 6 WKS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Milton M Agnew</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McDonald</u>			14. NAME OF HUSBAND OR WIFE <u>Ellen Agnew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Susan E. Agnew-8104 Nola</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of neck of femur</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility &amp; senility</u>						<u>years.</u>	
		DUE TO (c) _____						<u>2 9040</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infected pressure areas</u>						<u>21</u>	
19a. DATE OF OPERATION <u>Apr 19 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pain in fractured hip</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>his home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis (14) St. Louis Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 20 1950 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell while pottering</u>					
22. I hereby certify that I attended the deceased from <u>April 19 50</u> to <u>death</u> , that I last saw the deceased alive on <u>27 July, 19 50</u> , and that death occurred at <u>5:32 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul R. Whiteman</u>				23b. ADDRESS <u>8923 Midland, St. Louis (W) Mo.</u>		23c. DATE SIGNED <u>28 July 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-29-50</u>		REGISTRAR'S SIGNATURE <u>Robert J. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser-4228 S. Kingshighway Bl.</u>				

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Richard W. Storvick*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.