

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25561

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2615

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| 1. PLACE OF DEATH a. COUNTY ST LOUIS 4002 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON | | c. CITY (If outside corporate limits, write RURAL and give township) 61 TOWN WEBSTER GROVES 4017 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS CO. HOSPITAL | | d. STREET ADDRESS (If rural, give location) 5 EAST MOODY AVE | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALVA b. (Middle) O'BRIEN c. (Last) AGEE | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-10-51 |
| 5. SEX MO | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB-13-1900 |
| 9. AGE (In years last birthday) 50 | | 10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST | 10b. KIND OF BUSINESS OR INDUSTRY MCQUAY-NORRIS |
| 11. BIRTHPLACE (State or foreign country) BLYDESDALE MO | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME BALLARD AGEE | | 13b. MOTHER'S MAIDEN NAME DAISY HOPKINS | |
| 14. NAME OF HUSBAND OR WIFE MARY AGEE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. 357-03-8650 | | 17. INFORMANT'S SIGNATURE OR NAME Mary Agee ADDRESS 5 E. Moody Webster Groves | |
| 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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) ASTHO Multiple lung infarcts DUE TO (c) ASHD 4200A II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arrested TB | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 6-23, 1951 , to 7-10, 1951 , that I last saw the deceased alive on 7-10, 1951 , and that death occurred at 2:15 Am. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Iverman C. Perso M.D. | | 23b. ADDRESS 601 S. Brentwood Clayton | 23c. DATE SIGNED 7-10-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 7-12-51 | 24c. NAME OF CEMETERY OR CREMATORY BLOOMFIELD | 24d. LOCATION (City, town, or county) (State) WINCHESTER ILL. |
| DATE REC'D BY LOCAL REG. 7-10-51 | REGISTRAR'S SIGNATURE Robert O. Donker | 25. FUNERAL DIRECTOR'S SIGNATURE W. Parker Aldrich ADDRESS F. Home Webster Groves Mo | |

WRITE PLAINLY—USING UNFAADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Maple Grove 7*.....

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.