

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43629

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4093</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Manchester</u>			c. LENGTH OF STAY (in this place) <u>3 1/2 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>			<u>4740</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Manchester Nursing Home</u>							
3. NAME OF DECEASED (Type or Print) <u>AGNES</u>			a. (First)		b. (Middle)		c. (Last)				
					<u>GRAHAM</u>		4. DATE OF DEATH <u>Dec. 25, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 12, 1872</u>		9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>2</u>	11. DAYS <u>13</u>	12. IF UNDER 14 HRS. Hours <u></u>	13. IF UNDER 14 MIN. 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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland 4</u>			12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>			
13a. FATHER'S NAME <u>Arthur Rooney</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Phillip Graham</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona O'Connor</u>						ADDRESS <u>1212 N. 8th, St. Louis</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) <u>12:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Jan 1951</u> , to <u>Dec 25, 1951</u> , that I last saw the deceased alive on <u>Dec 27, 1951</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>P. J. Denny MD</u> (Degree or title)				23b. ADDRESS <u>Creve Coeur Mo</u>			23c. DATE SIGNED <u>12-26-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McKeesport, Penn.</u>						
DATE REC'D BY LOCAL REG. <u>12/26/51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lombardi MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bonn, Inc.</u>					ADDRESS <u>Kirkwood, Mo.</u>	

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 *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address *Barrow L. 22 2nd*

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.