

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9612

State File No. ....

FILED MAR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1881**

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5231 a. Enright Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>12 5231 a. Enright Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Agee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>October 31, 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>Dead</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fannie Agee 5231 a. Enright Ave.</b>			
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) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, Heart Disease</b> DUE TO (c) <b>Arteriosclerosis, general</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>years</b>  <b>year</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>			
22. I hereby certify that I attended the deceased from _____, 1927, to <b>Feb. 25, 1952</b> , that I last saw the deceased alive on <b>Feb 25, 1952</b> , and that death occurred at <b>4 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Harman M. Tupper</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4409 West Pine</b>		23c. DATE SIGNED <b>2/26/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>		
DATE REC'D BY LOCAL REG. <b>FEB 28 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Roberts</b>		ADDRESS <b>1416 N. Taylor</b>	

**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.....  
Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address 4923 Suburban

**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.