

STANDARD CERTIFICATE OF DEATH

State File No. **9613**

APR 18 1952

318

1003

Registrar's No. **2795**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2795	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital				d. STREET ADDRESS (If rural, give location) 7102 Jameßon ave.			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE		b. (Middle) _____		c. (Last) AGNEW		4. DATE OF DEATH (Month) (Day) (Year) 3-22-52	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-19-1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Month _____ Days _____	IF UNDER 6 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Dannellson, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leroy Koch		13b. MOTHER'S MAIDEN NAME Anna Thatcher		14. NAME OF HUSBAND OR WIFE Clifford Agnew			
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. 499-36-4247		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Koch, Keokuk, Iowa			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma		INTERVAL BETWEEN ONSET AND DEATH 3/2/52					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Fall, striking head as a result of					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) fainting. 8/2/51					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Josephine Agnew					
19a. DATE OF OPERATION 3/2/52		19b. MAJOR FINDINGS OF OPERATION Subdural Hematoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel Room		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (How Selom?) Ill.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 2 52 7.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt. fainted - fell. E9036-20			
22. I hereby certify that I attended the deceased from 3/4 , 19 52 , to 3/22 , 19 52 , that I last saw the deceased alive on 3/22 , 19 52 , and that death occurred at 4:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE F.A. Winter M.D.				23b. ADDRESS 4015 S. Grand		23c. DATE SIGNED 3/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-22-52		24c. NAME OF CEMETERY OR CREMATORY Keokuk, Iowa		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. MAR 25 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schmidt F.H. Keokuk, Iowa			

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

FEB 1 1953

JUN 28 1956

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 Ronald O. Yabuko

Licensed Embalmer No. 13917

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.