

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16608**

**FILED - MAY 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1177**

4000  
4

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		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>Gardenville,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> <b>2159</b>	
c. LENGTH OF STAY (in this place) <b>26 Days.</b>		d. STREET ADDRESS (If rural, give location) <b>4333a California Ave., /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Henningers' Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Agnes</b>	a. (First)	b. (Middle) <b>---</b>	c. (Last) <b>Dohle</b>	4. DATE OF DEATH <b>April 24, 1953</b>
---	------------	------------------------	------------------------	--

5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>	8. DATE OF BIRTH <b>March 18, 1872</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 2 HRS. Hours   Min.
-----------------------	--------------------------------	--	--	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>Dont Know</b>	13b. MOTHER'S MAIDEN NAME <b>Dont Know.</b>	14. NAME OF HUSBAND OR WIFE <b>Frank Dohle,</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>497-03-0087</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Dohle</b>	ADDRESS <b>4333a California Ave. St. Louis, 11, Mo.</b>
---	--	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4-21-53.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic nephritis &amp; Diabetes</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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)	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 **May 30, 1953,** to **Apr 24, 1953,** that I last saw the deceased alive on **Apr 24, 1953,** and that death occurred at **6:00 P.M.,** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>2028818 Grandis -</b>	23c. DATE SIGNED <b>4-25-53</b>
---	---------------------------------------	---------------------------------

24a. BURIAL CREMATION, REMOVAL, OR OTHER DISPOSITION <b>Removal.</b>	24b. DATE <b>April 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>4-25-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dohle - MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>
---	--	---	---

Print (Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

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.