No. 300
No. 48

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

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19016

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1289

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside [redacted] write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 5 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis Co Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN: Overland 4/23/
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2403 Wallis

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): (AGNES NEELY)
c. (Last): Neely

4. DATE OF DEATH (Month) (Day) (Year): 5 25 56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 25 1900
9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John Bock
13b. MOTHER'S MAIDEN NAME: Mary Foehrkolb
14. NAME OF HUSBAND OR WIFE: Dave Neely
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Dave Neely ADDRESS: 2403 Wallis

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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: 061X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 2403 Wallis - Overland - Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May - 2 - 56 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fingers of rec right hand were caught in electric washing machine

22. *I hereby certify that I attended the deceased from* 5-22, 1956, *to* 5-25, 1956, *that I last saw the deceased alive on* 5-25, 1956, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G E Smith, MD
23b. ADDRESS: 601 So. Brentwood
23c. DATE SIGNED: 5/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/28/56
24c. NAME OF CEMETERY OR CREMATORY: St Bridget Cem
24d. LOCATION (City, town, or county) (State): Pacific Mo

DATE REC'D BY LOCAL REG.: 5-27-56
REGISTRAR'S SIGNATURE: Hubert R. Domhoff
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ortmann F Home 9222 Lackland Overland Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....A. C. Ostmann.....

Licensed Embalmer No. 347

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.