

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

State File No. 32017
Registrar's No. 8231

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Overland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 3621 Marvin Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) EMMA c. (Last) EXNER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Christ W. Harder		13b. MOTHER'S MAIDEN NAME Sophia Schalk		14. NAME OF HUSBAND OR WIFE Louis A. Exner	
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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.		17. INFORMANT'S SIGNATURE OR NAME Louis A. Exner,		ADDRESS 3621 Marvin Avenue	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumococcal B. let.</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Regenerative cardiovascular disease</u> <u>cardiac fibrillation + decompensation.</u> DUE TO (c) <u>Cirrhosis biliary & hepatic insufficiency</u>			8 yrs
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 X <u>Cirrhosis of liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from 1947 to 5 Sept, 1956, that I last saw the deceased alive on 4 Sept, 1956, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arph & July</u>		(Degree or title) <u>mo</u>	23b. ADDRESS <u>2129 Florissant Ferguson, Mo</u>	23c. DATE SIGNED <u>9/4/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-7-56	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart	24d. LOCATION (City, town, or county) (State) Florissant, Missouri
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DATE REC'D BY LOCAL REG. SEP 6 1956	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL, FERGUSON, MISSOURI</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Eleanora Province*.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.