

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5956**  
Registrar's No. **942**

FILED MAR 1 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                      |                               | c. CITY OR TOWN <b>Lemay 23</b>   | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>1 MO.</b>   |                               | e. STREET ADDRESS (If rural, give location) <b>149 E. Felton Av.</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>   |                               | 5. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Anna</b> b. (Middle) _____ c. (Last) <b>AGRICOLA</b>                                     |   |
| 3. NAME OF DECEASED  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>1-26-57</b>  |   |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>   | 8. DATE OF BIRTH <b>Oct. 21, 1871</b>   |
| 9. AGE (In years last birthday) <b>85</b>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>  |
| 10a. USUAL OCCUPATION  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |
| 13a. FATHER'S NAME <b>Hanneken</b>   |                               | 13b. MOTHER'S MAIDEN NAME   | 14. NAME OF HUSBAND OR WIFE <b>deceased</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) |                               | 16. SOCIAL SECURITY NO. <b>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elizabeth Boehm, 149 E. Felton Av.</b>                                 |

|  |  |   |  |  |
|--|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Heart Disease</b>  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (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. |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Sewility</b>   |  |  |

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|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>  | 20. AUTOPSY? <b>2</b><br>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 **9-8-39** to **Jan 26, 1957** that I last saw the deceased alive on **Jan 26, 1957**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

|  |                                       |  |
|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Burchard Whitt</b>   | 23b. ADDRESS <b>6006 Virginia Ave</b> | 23c. DATE SIGNED <b>1-29-57</b>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>1-30-57</b>              | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>       |
|  |                                       | 24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b> |

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>JAN 29 57</b> | REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fendler Und. Co., 7420 Michigan Ave.</b> |
|---|--|--|

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

Pruett

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 *W. G. Peterson*

Licensed Embalmer No. *3761*

P. O. Address *7420 Main*

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.