

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006845

STATE FILE NUMBER

21234

FILED FEB 17 1959

Registration District No.

Primary Registration District No.

Registrar No.

300  
-57  
6  
197  
6

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>		Length of stay in lb <i>12 HRS.</i>	d. STREET ADDRESS (If outside, give location) <i>117 LOUGHBOROUGH</i>
3. NAME OF DECEASED (Type or print) First <i>COLUMBIA</i> Middle <i>A</i> Last <i>AGNEW</i>			4. DATE OF DEATH Month <i>FEB</i> Day <i>2</i> Year <i>1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 16, 1898</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (City and state or country) <i>FLORISSANT, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>BELLEVILLE</i>		13b. MOTHER'S MAIDEN NAME <i>MARY</i>	14. NAME OF HUSBAND OR WIFE <i>NORMAN</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>NORMAN AGNEW 117 LOUGHBOROUGH</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>cerebral hemorrhage</i> Conditions, if any, which gave rise to (b) <i>hypertension</i> (c) <i>arteriosclerotic cardiovasc. disease.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>443X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>5 yrs.</i> <i>5 yrs.</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1953</i> to death and last saw her alive on <i>Aug 11 58</i> Death occurred at <i>9:00</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE <i>John G. Kellett M.D.</i>		22b. ADDRESS <i>2314 Telegraph RD.</i>	22c. DATE SIGNED <i>2 2 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>REMOVAL</i>	<i>2/5/1959</i>	<i>NEW ST. MARCUS CEM.</i>	<i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN &amp; SONS</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 4 '59</i>	26. REGISTRAR'S SIGNATURE <i>Neal Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald E. Berry* .....

Licensed Embalmer No. *4863* .....

P. O. Address *St. Louis, 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.