

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1932

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13865

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1123
 Township Camdelet Primary Registration District No. 9448
 City St. Louis (No. 342 Orient) St. _____ Ward _____

2. FULL NAME Agnes Theresa Juely.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 131
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF <u>Albert Juely.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14, 1871</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>at Home</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>John Trefney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>		
15. MAIDEN NAME <u>Mary Dollar</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemia</u>		
17. INFORMANT (ADDRESS) <u>Albert Juely</u> <u>342 Orient</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope Cem</u> DATE <u>April 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister & Co</u> <u>15710 S. Broadway</u>		
20. FILED <u>Apr. 16, 1932</u> <u>L. C. Obrock</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to April 10, 1932
 I last saw h. et. alive on April 10, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the Breast. Date of onset 50
15-6 B) 0
 Other contributory causes of importance: Phthisis muscular.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Frank H. Meyer, M. D.
 (Address) 4641 Washington Ave.

1862
Hotel - Virginia