

AUG - 5 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis** (No. **2810** , Union Blvd. (Ward).....

Registration District No. **791**Primary Registration District No. **1003**File No. **35894**Registered No. **7068**2. FULL NAME **Agnes Pithie**

(a) Residence, No. **2810 Union Blvd.** St., **6** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Pithie**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**67 1 11**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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) **Ireland**

13. NAME **John Crothers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **William Pithie**  
(ADDRESS) **2810 Union Blvd.**

18. BURIAL, CREMATION, OR REMOVAL **Memorial Park Cem. DATE July 26 1937**

19. UNDERTAKER **Dr. Schuman-Harrel**  
(ADDRESS) **2810 Union Blvd.**

20. FILED **St. Bredeck** 19. **St. Bredeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-24-1937**

22. I HEREBY CERTIFY, That I attended deceased from **4 May 20** 19**37** to **7-24-** 19**37**  
I last saw him alive on **7-23-37** 19**37** Death is said

to have occurred on the date stated above, at **8:05 Am.**  
The principal cause of death and related causes of importance were as follows:

**Carcinoma of Cecum**  
**Arteriosclerosis**  
**Colostomy**

Other contributory causes of importance:

Name of operation **Colostomy** Date of **6-12-37**  
What test confirmed diagnosis? **microscopic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** 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? **no**

If so, specify **Joseph E. Carney, M. D.**  
(Signed) **525 Frisco Bldg.**  
(Address)

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.

899

MOTHER FATHER

~~3422 Office~~

525 Frias - Bldg.

Monday 8 AM

10 - 11 Sunday