

REC'D OCT 18 1938

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

Do not use this space.

31740

PLACE OF DEATH

County.....BUCHANAN.....

Township.....WASHINGTON.....

City.....ST. JOSEPH,.....

Registration District No.....

Primary Registration District No.....1001.....

620 SOUTH NINTH ST.

File No.....

Registered No.....945.....

St.....Ward.....

2. FULL NAME.....GLORIA LEE AGRON.....

(a) Residence, No.....620 SOUTH NINTH ST.,.....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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX.....4. COLOR OR RACE.....5. SINGLE, MARRIED, WIDOWED, OR

FEMALE

WHITE

SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

NONE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

FEBRUARY 25, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.

0

6

17

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planner,
sawyer, bookkeeper, etc.

NONE

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. JOSEPH,
MISSOURI

13. NAME

JEWELL AGRON

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. JOSEPH,
MO.

15. MAIDEN NAME

SOPHIE POMERANTZ

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. JOSEPH,
MO.17. INFORMANT
(ADDRESS)SOPHIE AGRON,
620 SOUTH NINTH ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SHAARE SOLEM CEM. DATE SEPT. 13, 1938,

19. UNDERTAKER
(ADDRESS)FLEEMAN & SON INC.
1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED

SEPT 13, 1938

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 12, 1938, 19

22. I HEREBY CERTIFY. That I attended deceased from

Sept 11, 1938, to Sept 12, 1938

I last saw ER alive on Sept 11, 1938 Death is said

to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Acute indigestion
Convulsions

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Blood test Was there an autopsy? No

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? No

If so, specify.....

(Signed) W. H. Stein, M. D.

(Address) 620 8th Ave

118c

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by MYSELF

or by _____, Registered Apprentice No. _____

(Signed) _____ 2086

Licensed Embalmer No. 3986

DTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license)

Body not Embalmed

ИЗДАТЕЛЬСТВО «НАУКА»

.51

1.3

17.6

114 .0

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

- (a) County Buchanan Registration District No.
(b) Township St Joseph Primary Registration District No. Registered No.
(c) City St Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. Gloria L. Agnew St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
6 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938

I last saw him alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 11:18 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion
Convulsions
Cause Unknown
M. Saferstein

Other contributory causes of importance
11:18
M. Saferstein

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 J. H. Saferstein, M. D.
(Signed) St Joseph mo

(Address)

