

Dr. McEntire

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

44320

Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757
 (b) Township St. Charles Primary Registration District No. 3036
 (c) City St. Charles (d) Street No. Shogor Hospital Registered No. 178
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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. 250 Stillborn Infant 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5th 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 ✓ ✓ ✓
 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) St. Charles (STATE OR COUNTRY) Mo

13. NAME Floyd Agnew

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

15. MAIDEN NAME Edith Potts

16. BIRTHPLACE (CITY OR TOWN) Clifton City (STATE OR COUNTRY) Mo

17. INFORMANT Floyd Agnew (ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsonage Care DATE Dec 5th 1938

19. FUNERAL DIRECTOR (NAME) Dr. B. Dallmeyer (ADDRESS) St. Charles Mo

20. FILED 12/5 1938 Clarence H. Newell (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 28 1938, to December 5 1938.
 I last saw him alive 7-28 1938. Death is said to have occurred on the date stated above, at unknown.
 The principal cause of death and related causes of importance were as follows:

Pre-eclampsia and chronic nephritis condition of mother.

Other contributory causes of importance:

Name of operation Tam Date of no
 What test confirmed diagnosis? Tam 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 no, 19no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 (Signed) Lauren M. Fisher, M. D.
 (Address) St. Charles, Mo

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.

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 _____

Registered Apprentice, No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.