

RECEIVED SEP 14 1939

791
1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ /
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 Days
 (Specify whether
 In this community 15 years
 years, months or days)

8. (a) PRINT FULL NAME 520 Agnes Owens8. (b) If veteran, name war No 3. (c) Social Security No. Unknown4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 21 years7. Birth date of deceased Sept 16 1929
(Month) (Day) (Year)8. AGE: Years 19 Months 10 Days 22 If less than one day
hr. _____ min. _____9. Birthplace Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Waitress /11. Industry or business Resturant /12. Name Wailey Boggs /13. Birthplace Ohio /
(City, town, or county) (State or foreign country)14. Maiden name Nettie Boggs15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. John(b) Address 823 N. 18th Street17. (a) Burial (b) Date thereof 8-10-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews18. (a) Signature of funeral director A. W. McLaughlin(b) Address 2301 Lafayette Ave19. (a) AUG 10 1939 (b) J. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1100 Mississippi
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8,
year 1939 hour 12:00 minute 00 M.21. I hereby certify that I attended the deceased from July
14, 1939, to August 8, 1939;
that I last saw her alive on August 8, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis
Intestinal obstruction
Due to Bronchial Salpingitis 10 days

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place) (e) Means of injury _____
 While at work? _____

23. Signature V. Lattuada (M. D. or other) _____
Address City Hospital Date signed 8/8/39

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 L. R. Cooper

Licensed Embalmer No. 3633

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