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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31215

OCT 1 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8278

**1. PLACE OF DEATH:** /

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-Months (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** /

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 2228 Locust St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 Yrs. years

3. (a) PRINT FULL NAME Mary Agnew 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 21, 1845 (Month) (Day) (Year)

8. AGE: Years 93 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country)

10. Usual occupation None 5

11. Industry or business 5

FATHER
12. Name John Agnew 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Sister M. Cecilia R.S.M.

(b) Address 2228 Locust St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) SEP 27 1939 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 26th. year 1939 hour 12 minute 05 a. M.

21. I hereby certify that I attended the deceased from March 17th, 1939, to Sept. 26, 1939; that I last saw her alive on 9/25, 1939; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Fractured Neck of Right Femur. | 3/17/39 |
| Due to Hypostatic Pneumonia | 8/23/39 |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations None | |
| Of autopsy None | |

O.K. Joseph M. Lennon Deputy Coroner 9/27/39

PHYSICIAN — Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) accident.

(b) Date of occurrence 3/17/39

(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. St. John's Home for Aged. 23rd & Locust (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature J. J. Hennelly (M. D. or other)

Address 3115 S. Grand Date signed 9/26/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

3115 So.Grand Blvd.

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## 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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**