

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Frisco Employee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 42 yrs
years, months or days)

FILED DEC 14 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 15
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4471 Ellenwood ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME France Agnes Mead

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edw. E. Mead 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 25 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>9</u>	<u>7</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Piglosky

13. Birthplace (Poland) Poland
(City, town, or county) (State or foreign country)

14. Maiden name Josephine

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Husband E. E. Mead

(b) Address 4471 Ellenwood ave St. Louis

17. (a) Burial (b) Date thereof 11-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 2 1940 (b) J. J. Brubaker
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 27 1940, to 11-1 1940
that I last saw her alive on 11-1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Broncho)
Duration 14 days

Due to Postoperative - following hysterectomy
Due to Fibroma Uterus

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Fibroma uterus non Malignant
Of operations _____
Of autopsy 546
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) _____

(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? _____

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

23. Signature W. E. Mason Jr. (M. D. or other) M.D.
Address 4960 Laclede St. Louis Mo. Date signed 11-1-40

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

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..... *Reinhold A. Lohman*

Licensed Embalmer No..... *3395*

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.