

FILED APR 8 1942  
Registration District No. 794

Primary Registration District No. 1003

Registrar's No. 2341

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 7 Months 4  
In this community. 7 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. 770 (b) County. \_\_\_\_\_  
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 2808 Hadley St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Agnes J. Louvier

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife. Verbal Louvier 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 19 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace. St. Jacob Illinois (City, town, or county) (State or foreign country)

10. Usual occupation. at home

11. Industry or business. \_\_\_\_\_

MOTHER FATHER { 12. Name James Elliff

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

14. Maiden name Eliza Duggar

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

16. (a) Informant May Spickerman

(b) Address 2839 E. S. Jefferson Av

17. (a) Burial (b) Date thereof 3-16-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Packer system with iron & N Co

18. (a) Signature of funeral director J. J. Pudeck

(b) Address 2929 S. Jefferson Av  
19. (a) WPA (Date received local registrar) (b) J. J. Pudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Mar. day 13  
year 1942 hour 4 minute 10 p. M.

21. I hereby certify that I attended the deceased from Dec. 1939 to Mar 11 1942  
that I last saw her alive on March 12 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 da

Due to arteriosclerosis 3 yr

Due to arteris insufficiency 6 mo

Other conditions toxic gall bladder  
(Include pregnancy within 3 months of death)

Major findings: Of operations 920  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_

(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) (a) Means of injury \_\_\_\_\_

23. Signature Walter Abell (M. D. or other) M. D.

Address 2253 W 39th Date signed 3-14-42

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.....  
*Paul A. Shanklin*..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Paul A. Shanklin*.....  
Licensed Embalmer No. *3472*

P. O. Address *29798 Jefferson*

**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, fact should be so stated above.**