S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22664

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6242

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:
DePaul Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jersey
(c) City or town Jerseyville 999 NR
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country 21

3. (a) PRINT FULL NAME Agnes C. Caffery
3. (b) If veteran, name war no
3. (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 Byran Caffery
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 13 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	3	9	hr. min.

9. Birthplace Carrollton, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Gerhardt Schnettly
13. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Elizabeth Gruett
15. Birthplace Unk. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Byran Caffery
(b) Address Jerseyville, Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton Illinois
18. (a) Signature of funeral director Jennings Und. Co
(b) Address Jerseyville, Illinois
19. (a) (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 1 minute 45 a M.
21. I hereby certify that I attended the deceased from June, 1941, to July, 1942
that I last saw her alive on 7.21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Emboli	few min
Diabetic Coma	14 hrs
Due to Thrombophlebitis of Pelvic Veins	unknown
Due to Purulent Cystitis &	"
Acute Suppurative Nephritis	"
Other conditions (Include pregnancy within 3 months of death) Diabetes	10-12 yrs

Major findings:
Of operations
Of autopsy as above

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

23. Signature C D Cassidy (M. D. or other) M D
Address 4952 Maryland Date signed 7-23-42

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.