

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6561

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County JASTER
(b) City or town DUENNEG
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 14 YEARS 11 MONTHS
In this community

3. (a) PRINT FULL NAME

NORMAN JAY AGUR

(b) If veteran, name war

(c) Social Security No.

4. Sex M

5. Color or race M

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Mar 2 1928
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

14

11

14

hr. min.

9. Birthplace

DUENNEG
(City, town, or county)

Mo O
(State or foreign country)

10. Usual occupation

STUDENT

11. Industry or business

MOTHER FATHER

12. Name

NORMAN W. AGUR

13. Birthplace

LONDON, ONT. CANADA
(City, town, or county) (State or foreign country)

14. Maiden name

MARIE BRADEN

15. Birthplace

LYNCHBURG CITY
(City, town, or county)

Mo O
(State or foreign country)

16. (a) Informant

R. M. Mader

(b) Address

1111 N. 1st St. St. Louis, Mo

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof 2/10/43
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Louis

18. (a) Signature of funeral director

John J. Mader

(b) Address

St. Louis, Mo

19. (a)

Feb. 10, 1943
(Date received local registrar)

(b) John J. Mader
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASTER
(c) City or town DUENNEG
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Year No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 8
year 1943 hour 11 minute 20 P.

21. I hereby certify that I attended the deceased from July 4 to July 8, 1943
that I last saw him alive on July 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Due to

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?

While at work

23. Signature J. B. Fess (M.F.D. or other)
Address St. Louis, Mo Date signed 2/9/43

(Licensed Embalmer's Statement on Reverse Side)

1180

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

43-2-179

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

Licensed Embalmer No. 2142

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, fact should be so stated above.