DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 286

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 136

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: CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6yrs 7mos 2 5ds (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 12
(c) City or town St. Louis 2/3
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal (Star)
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Bohemia 1

3. (a) PRINT FULL NAME AGNES FAHRNY
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rudolph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) Abt. 1872 (Day) (Year)

8. AGE: Years About 70 Months Unknown Days If less than one day hr. min.
9. Birthplace unknown (City, town, or county) Bohemia 8 (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
PATHER
12. Name not known
13. Birthplace not known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace notknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Thelma A. Sengler
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker
18. (a) Signature of funeral director Wm A. Moydell
(b) Address 1926 Allen ave.
19. (a) JAN 6 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1944 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from 7-1-1938, 19, to Jan 5, 1944 that I last saw her alive on Jan 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia- Lobar	5ds.
Cardiac Decompensation	1937x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. T. McConnell MD (M. D. or other)
Address 5400 Arsenal Date signed 1/5/44

(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 ..... D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.