

FILED AUG 25 1944

318

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... City of St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4915 St Louis Avenue
(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 Missouri (b) ~~State~~ City of St Louis

(c) City or town.....
(If outside city or town limits, write "RURAL") 96

(d) Street No. 4915 St Louis Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME AGNES WESTHOFF

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced WIDOW

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: January 23 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1944 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1944 to Aug 19 1944
that I last saw her alive on Aug 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 6 months

8. AGE: Years Months Days If less than one day

70 6 25 hr. min.

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

10. Usual occupation at home

Due to.....

Due to.....

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

11. Industry or business.....

12. Name William Toedebusch

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

14. Maiden name Caroline Rienup

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

16. (a) Informant Mrs Arthur Wolfram (daughter)
(b) Address 4915 St Louis Avenue

17. (a) burial (b) Date thereof Aug 22 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem

18. (a) Signature of funeral director Beiderwieden Funl Home
(b) Address 1936 St Louis Ave

19. (a) AUG 21 1944 (b) J.F. Bredek
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work?..... (s). Means of injury 0

23. Signature J.E. Jones (M.D. or other)
Address 4506 Elm St Date signed Aug 20 44

Dr. W. E. Jones Ca 3697 Res
67 Chestnut St

Ro 2866 Office, Lister Bldg 4500 Olive

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. 3737

P. O. Address 936 St. Louis

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.