S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4167

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1869

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/10/45 to (Specify whether) 2/24/45
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 7
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 4
(d) Street No. 6482 Lloyd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AGNES DUNCAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2 (Day) 1871 (Year)

8. AGE: Years 73 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Wedding
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant ~~Agnes Hathaway~~ Mrs. H. Hastings 2-27-45
(b) Address ~~5600 Arsenal St.~~ 6482 Lloyd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Day B. Smith
(b) Address 7456 Manchester

19. (a) FEB 26 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24 year 45 hour 10 minute 7 P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1945 to Feb. 24, 1945 that I last saw her alive on Feb 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease

Due to

Due to

Other conditions Chronic pulmonary tuberculosis, probably inactive (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 R. W. Maxwell (M. D. or other)
Address 5600 Arsenal St. Date signed 2-26-45

(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 3454 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. .....

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.