

FILED JUL 28 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6245

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Johns Hospital
(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) County St. Louis

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

(d) Street No. 4237 W Margarett Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Agnes C. Detert

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1945 hour 4 minute 55 P M

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

6. (b) Name of husband or wife Eugene B. Detert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5-26-1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20, 1945, to July 17, 1945
 that I last saw her alive on July 17, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 7 Days 21
 If less than one day _____ hr. _____ min.

Immediate cause of death: Carcinomatosis

Due to Site not ascer-
trined

Due to _____

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

10. Usual occupation Housewife

Other conditions 55
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Jules La Chance

13. Birthplace Illinois
(State or foreign country)

14. Maiden name Hulda Frederick

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

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene B. Detert
 (b) Address 4237 W Margarett Ave.

17. (a) Burial (b) Date thereof 7/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
 (b) Address 4600 Natural Bridge Ave.

19. (a) JUL 19 1945 J. J. Bussack
(Date received local registrar's certificate) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. H. Glad (M. D. or other) _____
 Address 3903 Park Ave Date signed 7/19/45

JUL 19 1945

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

Ben E. Hoffman

Licensed Embalmer No.

4366

P. O. Address

St Louis, Mo

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.