

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2682

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>E 29</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3946a Lindell Blvd.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital X</u>				d. STREET ADDRESS (If rural, give location) <u>19 3946a Lindell Blvd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Agnes</u> b. (Middle) <u>B. Friel</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1949</u>					
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>Feb. 27, 1895</u>	9. AGE (In years last birthday) <u>53</u>	10. MONTHS <u>10</u>	11. DAYS <u>5</u>	12. IF UNDER 18 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Graham Paper Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>John Friel</u>			13b. MOTHER'S MAIDEN NAME <u>Cecilia O'Connor</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cecelia Friel, 3946a Lindell</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Proteinuria</u> ANTECEDENT CAUSES <u>Strangulated femoral hernia</u> Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>56 1/2 122</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>12-26-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated rt. femoral hernia</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>12-26-48</u> to <u>1-2-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-2</u> , 19 <u>49</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E.H. Boudreau M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>1-3-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 3 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Lasater</u>		FUNDERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1012: ...
634 N. Grand Fr. 1178
2-14-1933
W. J. 0193

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed W. Man Matri

Signed.....
Student Embalmer

Licensed Embalmer No. 2525

P. O. Address 4340 Lafayette

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.