

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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1003

State File No. 25431
6499
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>St Louis</i>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Barnes Hosp.</i>				d. STREET ADDRESS (If rural, give location) <i>21-3310 School</i>					
3. NAME OF DECEASED a. (First) <i>Agnes Julia L.</i>		b. (Middle) _____		c. (Last) <i>Works</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 25/49</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Oct 3, 1917</i>		9. AGE (In years last birthday) <i>31</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Tenn</i>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <i> Gus Campbell</i>		13b. MOTHER'S MAIDEN NAME <i>Ada Stalling</i>		14. NAME OF HUSBAND OR WIFE <i>Lee G. Works</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lee G. Works 3310 School St</i>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES <i>Pulmonary Osteoarthritis</i>					
				Morbid 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.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>114</i>					
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? <i>527A</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1030A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Chas Perry Deputy Coroner</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7/26/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24b. DATE <i>July 28/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Humbolt Tenn</i>		24d. LOCATION (City, town, or county) (State) <i>Tenn</i>			
DATE REC'D BY LOCAL REG. <i>JUL 27 1949</i>		REGISTRAR'S SIGNATURE <i>J B Paoster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L. G. Sheen 4214 Delmar</i>					

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

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.

Student
Student Embalmer

Signed *F. L. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.