

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 35084
35084

BIRTH NO. #104532 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. (1)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 6 4704a Easton	

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) DuFour c. (Last) DuFour			4. DATE OF DEATH (Month) (Day) (Year) Oct. 20th, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	

13a. FATHER'S NAME Patrick O'Connell		13b. MOTHER'S MAIDEN NAME Ellen		14. NAME OF HUSBAND OR WIFE William DuFour	
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 William J. DuFour 4704a Easton	

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		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism to left femoral artery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 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 10-17-49		19b. MAJOR FINDINGS OF OPERATION Gangrene Left leg		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) 93	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 10/14/49, 19 to 10/20/49, 19, that I last saw the deceased alive on 10/20/49, 19, and that death occurred at 3:36 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) ca me af ee m. D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 10/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/24/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. OCT 21 1949		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Char. F. Smart 1275 Union	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Julien

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 Clement McNeary.....

Licensed Embalmer No. 3732.....

P. O. Address 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.