

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10289**  
Registrar's No. **2131**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>10289</b>		Registrar's No. <b>2131</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>						
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>19 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Venice</b>		8/20				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>175 Viola Jones Apartments</b>						
3. NAME OF DECEASED (Type or Print) <b>AGNES</b>		a. (First)		b. (Middle)		c. (Last) <b>KING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 3, 1951</b>		
5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed ✓</b>		8. DATE OF BIRTH <b>Feb. 6, 1896</b>		9. AGE (In years last birthday) <b>55</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Huntington, Tenn. /</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Mann Hampton</b>			13b. MOTHER'S MAIDEN NAME <b>Tabitha Blackberry</b>			14. NAME OF HUSBAND OR WIFE <b>****</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Malinda Bland</b>				ADDRESS <b>Venice, Illinois</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of bowel and Acute Peritonitis. (Intestinal obstruction)</b> ANTECEDENT CAUSES <b>Strangulated right inguinal Hernia.</b> 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.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <b>2-11-51</b>		19b. MAJOR FINDINGS OF OPERATION: <b>Large section of strangulated and gangrenous bowel.</b>						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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>561.0</b>						
22. I hereby certify that I attended the deceased from <b>2-11-1951</b> , to <b>March 3, 1951</b> , that I last saw the deceased alive on <b>March 2, 1951</b> , and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Robert W. Coater</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2425 Biddle, No. 6, St. Louis</b>		23c. DATE SIGNED <b>3/5/1951</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>March 1951</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Illinois</b>				
DATE REC'D BY LOCAL <b>MAR 6 1951</b>		REGISTRAR'S SIGNATURE <b>R. B. Coater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Marshall</b>		ADDRESS <b>2205 Missouri Ave. East St. Louis, Ill.</b>			

WRITE PLAINLY—USING UNFAADING 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 *Thomas M. Robson*

Licensed Embalmer No. 4479

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.