

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42980

FILED JAN 10 1952

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State File No. 11270  
Registrar's No. 11270

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.			
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital			STREET ADDRESS 4244 Hartford Street				
3. NAME OF DECEASED (Type or Print) AGNES		a. (First) A.		b. (Middle) HADD			
c. (Last) HADD		4. DATE OF DEATH December 19, 1951		5. SEX female			
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify never married)		8. DATE OF BIRTH January 5, 1881			
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laundress		10b. KIND OF BUSINESS OR INDUSTRY Desloge Hospital		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Hadd		13b. MOTHER'S MAIDEN NAME Mary Mares			
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Al Hadd		ADDRESS 5063a Winona Avenue					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Peritonitis</i> DUE TO (c) <i>Ruptured peptic ulcer</i>  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		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>5740.1</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>130A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Al Hadd</i>		(Degree or title)		23b. ADDRESS <i>1500 Clark</i>			
23c. DATE SIGNED <i>12/20/51</i>		24. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 21, 1951			
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary cemetery</i>		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. DEC 20 1951		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm J. Robert &amp; Co.</i>			
ADDRESS 1905 So. Grand Blvd.		(Licensed Embalmer's Statement, on Reverse Side)					

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

*Donald 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.