

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44138**

No. 300
10-48

FILED JAN 8 - 1953

BIRTH NO. --- REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3289**

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

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| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellewin | c. LENGTH OF STAY (in this place) 1 m. 1 week | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson, 4049 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pine Crest Home for aged | | d. STREET ADDRESS (If rural, give location) 335 Hudson Road, 1 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Agnes | b. (Middle) M. | c. (Last) Irby | 4. DATE OF DEATH (Month) (Day) (Year) 12-24-52 |
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|---|-------------------------------|---|---------------------------------------|---|------------------------|--|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 5, 1875 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

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| 13a. FATHER'S NAME William J. Hardman | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Deceased |
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| 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. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Virgil J. Irby, 335 Hudson Road. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) General arteriosclerosis | | 2 yrs |
| | DUE TO (c) Chronic myocarditis | | 3 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Senile dementia | 1 yr | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4/2/52 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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? |

22. I hereby certify that I attended the deceased from **June, 1950**, to **12/24, 1952**, that I last saw the deceased alive on **12/22, 1952**, and that death occurred at **9:55 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE C. A. Heschler, M.D. (Degree or title) | 23b. ADDRESS Nickwood, Mo. | 23c. DATE SIGNED 12/24/52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-27-1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| DATE REC'D BY LOCAL REG. 12-26-52 | REGISTRAR'S SIGNATURE Herbert R. Donke | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave. |
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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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Glen W. Nay

Licensed Embalmer No.

3737

P. O. Address.....

St. Louis, Missouri

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.