

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2-1953

State File No. **23176**
Registrar's No. **5810**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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	c. LENGTH OF STAY (in this place) LIFE.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	2269
d. FULL NAME OF HOSPITAL OR INSTITUTION 1711 A. MONROE ST.		d. STREET ADDRESS (If rural, give location) 26 1711 A. MONROE - ST.	

3. NAME OF DECEASED (Type or Print) AGNES			4. DATE OF DEATH (Month) (Day) (Year) JUNE 10TH 1953		
a. (First)	b. (Middle)	c. (Last) STUVE			

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER-MARRIED	8. DATE OF BIRTH JUNE 20TH 1883	9. AGE (In years last birthday) 69 YRS	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WORK		10b. KIND OF BUSINESS OR INDUSTRY AT-HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH - STUVE.	13b. MOTHER'S MAIDEN NAME MARY-KOZLOWSKI.	14. NAME OF HUSBAND OR WIFE SINGLE.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Stephen P. Stuve		ADDRESS 1711 A. Monroe St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poison				2 wk
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) Arterial Hypertension	1 yr.	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) & Myocardial degenerative	1 yr.	
	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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from **Jan 1, 1952**, to **6-9, 1953**, that I last saw the deceased alive on **6-9, 1953**, and that death occurred at **1: A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. P. Beck (Degree or title) M.D.	23b. ADDRESS 2505 N. Thompson	23c. DATE SIGNED 6-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 12-1953	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. JUN 11 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co.	ADDRESS 1827 HOGAN ST.
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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 *J. W. Burksley* _____
Licensed Embalmer No. *365* _____

P. O. Address _____

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.