

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37405

FILED OCT 23 1953

State File No.

318

1003

9843

BIRTH NO. _____ 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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3827 Russell		d. STREET ADDRESS (If rural, give location) 3827 Russell	
3. NAME OF DECEASED (Type or Print) Agnes		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1953	
5. SEX female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
6. COLOR OR RACE white		8. DATE OF BIRTH July 5, 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		11. BIRTHPLACE (State or foreign country) St Louis Mo.	
13a. FATHER'S NAME Wm McMillan		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Christian McMillan 3827 Russell	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Intestinal Nephritis 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.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. HOW DID INJURY OCCUR? 592x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>52</u> , to <u>Oct 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>53</u> , and that death occurred at <u>8:40 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. G. Kellerberger Sr.		23b. ADDRESS 5013 Gravois	
23c. DATE SIGNED Oct 14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/16/53	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG. OCT 15 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Neville B. Frohwitter

Signed.....

Student Embalmer

Licensed Embalmer No. *3694*

P. O. Address *7027 Grava*

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.