

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35248**  
**9008**

FILED NOV 15 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>12, 5548 Delmar Boul.</b>	
3. NAME OF DECEASED (Type or Print) <b>Agnes Hanick Viola</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 14 1955</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. II 1888</b>
9. AGE (In years last birthday) <b>67</b>		# UNDER 1 YEAR <b>9</b>	† UNDER 2 HRS. <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Voice teacher</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
13a. FATHER'S NAME <b>Michael Hanick</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Viola</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank Hanick</b> ADDRESS <b>5548 Delmar Boul.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Cecum &amp; metastases to Liver, etc.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION <b>153X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. HOW DID INJURY OCCUR?	
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 <b>10-4</b> , 19 <b>55</b> , to <b>10-14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>10-14</b> , 19 <b>55</b> , and that death occurred at <b>11 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Tom Fuggins M.D.</b>		23b. ADDRESS <b>734 Woodlather Bldg.</b>	
23c. DATE SIGNED <b>10-16-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24b. DATE <b>10/17/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>OCT 17 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinan &amp; Bro. 3320 N. Kings highway</b>	
REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>			

**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.....  
Signature of Student Embalmer

Signed.....  
*Fred Frick*

Licensed Embalmer No. *3184*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.