

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43229
State File No. 10601

FILED DEC 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10601**

1. PLACE OF DEATH a. COUNTY		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 ST. LOUIS		c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY OR TOWN JENNINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		e. STREET ADDRESS (If rural, give location) 8226 COZZENS AVE			

3. NAME OF DECEASED (Type or Print) AGNES HURST			4. DATE OF DEATH (Month) (Day) (Year) NOV-18-1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV-17-1897		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME DAVID E. WALSH		13b. MOTHER'S MAIDEN NAME MARGARET LEONARD		14. NAME OF HUSBAND OR WIFE RAYMOND J. HURST	
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 ADDRESS IRENE WALSH, 8226 COZZENS AVE	

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) acute myocardial infarction		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			3 days
*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.			unk death
		DUE TO (b) Hypertension, art sclerosis			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1			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)		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 **6-13**, 19**49**, to **11-18**, 19**56**, that I last saw the deceased alive on **11-18**, 19**56**, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Wayne D. Gorko, MD (Degree or title)		23b. ADDRESS 2739 NO Grand		23c. DATE SIGNED 11-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/21/56		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	

DATE REC'D BY LOCAL REG. NOV 20 1956		REGISTRAR'S SIGNATURE Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STOCK MORTUARY 2117 E. GRAND BLVD	
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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.....
Signature of Student Embalmer

Signed... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *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.