

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

State File No. **10809**
1773
Registrar's No.

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) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Anthony's Hosp** e. STREET ADDRESS (If rural, give location) **3533 Longfellow Blvd.**

3. NAME OF DECEASED (Type or Print) a. (First) **Agnes** b. (Middle) _____ c. (Last) **Neuville** 4. DATE OF DEATH (Month) (Day) (Year) **2-20-1957**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2** 8. DATE OF BIRTH **July 23, 1877** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lawyer** 10b. KIND OF BUSINESS OR INDUSTRY **Pres. Women's Law Society** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Bernard Klaus** 13b. MOTHER'S MAIDEN NAME **Carolina Benoist** 14. NAME OF HUSBAND OR WIFE **Adolphe Neuville**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Frank Sain** ADDRESS **7472 University Drive**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerosis**
*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 **Arteriosclerosis**
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. _____

INTERVAL BETWEEN ONSET AND DEATH
17 days
2 yr

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **450.0** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/3/1957**, to **2/20**, 1957, that I last saw the deceased alive on **2/20**, 1957, and that death occurred at **1057 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Martin J. Hoover** (Degree or title) _____ 23b. ADDRESS **506 Olive** 23c. DATE SIGNED **2/21/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2-22-57** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

DATE REC'D BY LOCAL REG. **FEB 21 1957** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Weick Bros** ADDRESS **2201 S. Grand Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1957
OCT 9 1957
AUG 23 1957

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 *W E Morris*

Licensed Embalmer No. *336*

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.