

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41916

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **10944**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Denver
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 22 INSTITUTION St. Anthony Hosp.		Length of stay in 1b 4 wks.	d. STREET ADDRESS 33 3424 S Patton Way
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
AGNES E DONOVAN		Nov. 13, 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1895
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	10. KIND OF BUSINESS OR INDUSTRY at home
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank Hampel		14. MOTHER'S MAIDEN NAME Mary Ziegler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT John Donovan Denver Colorado		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomas Carcinoma of Stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 151x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10-7-57 to 11-13-57 and last saw her alive on 11-12-57 Death occurred at 9 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. A. Rester M.D.		22b. ADDRESS 500 S. Compton	22c. DATE SIGNED 11-15-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24. FUNERAL DIRECTOR Fendler Und. Co.		25. DATE RECD. BY LOCAL REG. NOV 15 57	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.
ADDRESS 7420 Michigan		LOCATION (City, town, or county) (State) St. Louis County Mo.	

Mr. Nelson
2:00 P.M. Today

Colorado

Denver

3424 S Patton Way

X

St. Louis

St. Anthony Hotel, 4 W. 4th

Nov. 13, 1927

DONOVAN

E

AGNES

X

ds

Aug. 2, 1892

W

F

USA

St. Louis Missouri

at home

house wife

John Donovan

Frank Handel

3424 S Patton Way

Denver Colorado

None

No

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. G. Peterson*

Licensed Embalmer No. 376

P. O. Address 7420 Me...

M A E

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.

NOV. 13, 1927

Register and Co. 2422 Michigan