

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015650

State File No. ....

No. 300

10.48

FILED MAY 1 1958

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4492

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) St. Louis		c. LENGTH OF STAY (in this place) 1 yr. 10 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.		e. STREET ADDRESS (If rural, give location) 2237 1554 Lafayette	
3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Florence c. (Last) Christian		4. DATE OF DEATH (Month) (Day) (Year) 4-24-58	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div. 3	8. DATE OF BIRTH Jan. 29 1895
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dish Washer	10b. KIND OF BUSINESS OR INDUSTRY City Hospital	11. BIRTHPLACE (City and State or Foreign Country) Ill. Quincy	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Pete G. Delagay		13b. MOTHER'S MAIDEN NAME Katherine Townsend	14. NAME OF HUSBAND OR WIFE Earl
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. 488 32 1444	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys LeMasetr 3525 Missouri	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Glomerulosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ac. Glomerulonephritis</i> DUE TO (c) <i>Chr. Pyelonephritis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 600.0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6-6-56, 19__, to 4-24-58, 19__, that I last saw the deceased alive on 4-24-58, 19__, and that death occurred at 2:55 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John W. Beckham M.D.</i>		23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 4/25/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 28 58	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. APR 25 '58	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette	

(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Thomas R. Senewick*

Licensed Embalmer No. *378*

P. O. Address *31250*

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.