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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014868
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2847

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Little Sisters of the Poor — Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 2144 Blendon Pl. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Agnes Middle Last Day		4. DATE OF DEATH Month March Day 20, Year 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH August 30, 1870
9. AGE (In years last birthday) 88	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Grafton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James McKuen	13b. MOTHER'S MAIDEN NAME Nellie Cassilly	14. NAME OF HUSBAND OR WIFE Louis A. Day	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Sr. Marie Jean, Supr., Address 3400 S. Grand Blv	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH: yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis — yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION St. Louis, Mo COUNTY STATE

21. I attended the deceased from Jan 1959, to 3/20/59 and last saw her/him alive on 3/18/59

Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]	22b. ADDRESS 8059 Watson Rd	22c. DATE SIGNED 3/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/23/59	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	23d. LOCATION (City, town, or county) St. Louis (State) Mo
24. FUNERAL DIRECTOR Gebken Sons	ADDRESS 2630 Gravois Ave.	25. DATE RECD. BY LOCAL REG. MAR 20 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert F. Gebke

Licensed Embalmer No. 4144

P. O. Address 2630 Gra

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.