MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

36494
Do not use this space.

1. PLACE OF DEATH
(a) County NOV 15 1937 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 10071
(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 10976

2. PRINT FULL NAME Stephen R. Agnew (AGNEW)
(a) Residence, No. 3341 Indiana St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary E. Agnew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterloo, Illinois

FATHER
13. NAME Samuel Agnew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Susan Clover
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cemetery DATE Oct. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister Und. & L. Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED OCT 30 1937 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/26/36, 19 to 10/27/37, 19
I last saw him alive on 10/27/37, 19 Death is said to have occurred on the date stated above, at 12.50 m. p
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall-Bladder Mo — Date of onset

Other contributory causes of importance:
Ulcerative Conjunctivitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Richard P. Vieth, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde, L.E. #3989

L. E. and Linus C. Hoffmeister, L.E. #3871

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed George W. Hoffmeister

Licensed Embalmer No. 2426

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.)