

FILED JUL 15 1944
318

State File No. _____

1003

Registrar's No. 5997

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Daniels, Agnes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Daniels 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 23, 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	8	11	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Hutson

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellis

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Daniels

(b) Address 1410 Tower Grove Ave.

17. (a) Burial (b) Date thereof 7/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 5 1944 (b) J. J. Bradak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1410 Tower Grove Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
 year 1944 hour 12 minute 40 p.m.

21. I hereby certify that I attended the deceased from 6-24-44
 _____, 1944, to _____, 1944;

that I last saw her alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Subacute myocardial infarction, cerebral, renal disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Chronic myocardial infarction

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (d) Means of injury _____

23. Signature Robert J. ... (M. D. or other) _____

Address 1225 So. Grand Blvd. Date signed 7/8/44

18-17
9

Duration
12 1/2

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK

Agnes Marie *Hutson* Daniels

Memorial

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Birth: Oct. 23, 1902
Dent County
Missouri, USA
Death: Jul. 4, 1944
St. Louis City
Missouri, USA

Family links:

Parents:

George Washington Hutson (1876 - 1951)
Sarah Earnestine *Ellis* Hutson (1878 - 1950)

Spouse:

Albert L. Daniels (1896 - 1983)

Siblings:

Arthur E. Hutson (1901 - 1970)*
Agnes Marie *Hutson* Daniels (1902 - 1944)
Hurley Jerry Hutson (1904 - 1976)*
Otis Ellis Hutson (1906 - 1958)*
Velma *Hutson* Freeman (1916 - 1989)*
George Bennett Hutson (1919 - 1979)*

*[Calculated relationship](#)

Burial:

[Hutson-Walker Cemetery](#)

Sligo

Dent County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Paul W. Sprou](#)

Record added: Oct 29, 2009

Find A Grave Memorial# 43690965



Added by: [Gravefinder1](#)



Cemetery Photo

Added by: [Gravefinder1](#)