REC'D JUL 12 1938

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

20318

Do not use this space.

791

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 5457

(c) City ST. LOUIS (d) Street No. ST. ANTHONY'S HOSPITAL 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.

2. PRINT FULL NAME JOHN A. ANGELO 524

(a) Residence, No. 3647 WINNEBAGO ST. St. 16
(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAMIE ANGELO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 15, 1869

7. AGE: YEARS 68 MONTHS 11 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DIST. FIRE CHIEF

9. Industry or business in which work was done, as saw mill, bank, etc. ST. LOUIS MO.

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) ST. LOUIS MO. 0

FATHER

13. NAME GEORGE ANGELO 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY 6

MOTHER

15. MAIDEN NAME CATHERINE RUPP

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS. MAMIE ANGELO 3647 WINNEBAGO ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMT. DATE 6-18-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY 3840 LINDELL BLVD.

20. FILED JUN 16 1938 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1938, to June 15th, 1938

I last saw him alive on June 15th, 1938. Death is said to have occurred on the date stated above, at 1.25 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Intestinal obstruction due to chronic adhesion	6/10/38

510

Other contributory causes of importance:

1. Carcinoma of prostate
Urinary retention
Myocardial degeneration

Name of operation Prostatectomy Date of June 2

What test confirmed diagnosis? Biopsy Was there an autopsy? June 15 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) Martin J. Olsen, M. D.

(Address) 506 Olive

(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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Racine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.