

REC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
100313349  
Do not use this space.

Registered No. 3691

## 1. PLACE OF DEATH

- (a) County.....2 Registration District No.....2  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. 302 W Schirmer 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

- (a) Residence, No. 302 W. Schirmer St. 1  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(late) Gustave Angenendt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-17-1860</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .... <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. ....	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mary Wieland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Julius 39 S. Fillmore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive Cem.</u> DATE <u>4-21</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Southern Ind Co 6322 S. Grand</u>		
20. FILED <u>APR 20 1939</u> <u>J. P. Brudick</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to April 18 1939  
 I last saw her alive on April 11 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:

<u>Coronary artery Disease</u>	Date of onset <u>1 yr.</u>
<u>(angina pectoris)</u>	
<u>chronic myocarditis</u>	<u>5 yrs.</u>
<u>Hypertension</u>	<u>11</u>

Other contributory causes of importance:  
chronic nephritis

Name of operation none Date of.....  
 What test confirmed diagnosis? urine Was there an autopsy?.....

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? no  
 If so, specify George A. O'Sullivan, M. D.  
 (Signed) George A. O'Sullivan, M. D.  
 (Address) 421 W Schirmer

(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 Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address 6322 So Grand

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