

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days 3
(Specify whether years, months or days)

In this community 22 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCES ANGERMEYER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Jan 5 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Charles Angermeyer

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

14. Maiden name Suzanna Walkemier

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

16. (a) Informant State Reg. records

(b) Address Fulton, Mo

17. (a) Ex 121 (b) Date thereof 9-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Kriegshagen Mortuaries
(Specify type of place where at work?)

(b) Address 4228 St Kings Highway

19. (a) 9-12-40 (b) R. N. Creator
(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. 1120 Louisville
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug 20, 1940, to Sept 11, 1940, that I last saw her alive on Sept 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death pyelo-hydro-nephrosis

Due to _____

Due to _____

Other conditions hemorrhage into urinary tract 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

(e) Means of injury _____

23. Signature John J. Blasko MD (M. D. or other) _____

Address Fulton Mo Date signed 9/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Crews

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 *Reinhold F. Lehman*.....

Licensed Embalmer No. *3395*.....

P. O. Address.....

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, fact should be so stated above.