

S. No. 2
-1-4-41
5-17-39
-1 X26390

DEPARTMENT OF COMMERCE
REGISTERED MAIL SERVICE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26976

State File No. _____

FILED SEP 17 1941

REGISTERED MAIL SERVICE
FILED SEP 17 1941 791

Primary Registration District No. 1003

Registrar's No. 6768

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1412a East Gano Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None (Specify whether
In this community Birth / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Amelia C. Angelbeck

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife. Fred E. Angelbeck 6. (c) Age of husband or wife if alive. 67 years

7. Birth date of deceased. June 30, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name William T., Roth

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Helena Koester

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred E. Angelbeck

(b) Address 1412a East Gano Ave

17. (a) Burial (b) Date thereof 8/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 20 1941 (b) J. W. Medeck
(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. 1412a East Gano Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th
year 1941 hour 9:00 PM minute _____ M. _____

21. I hereby certify that I attended the deceased from Aug. 12, 1941 to Aug. 18, 1941
that I last saw her alive on Aug. 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 1 Month

Due to Arteriosclerosis

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

Major findings:
Of operations _____
Of autopsy _____
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) _____

(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) (e) Means of injury _____

23. Signature Anthony A. Beckwith M.D. (M. D. or other) _____

Address 1525 d Cass Ave Date signed 8/20/41

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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.