

S. No. 2
DM-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20080
Registrar's No. 5849

JUL 8 1943 318

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 2000
(d) Street No. 2631 Howard St. 17
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Mrs. Angela Theresa

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1943 hour 7 minute 00 P.M.

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife late Joseph Theresa 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1877 (Month) (Day) (Year)

Immediate cause of death: Coronary Sclerosis
Due to: J.H.
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years about 66 Months Days If less than one day hr. min.

PHYSICIAN
Major findings: Of operations _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business

12. Name Vincent D'Angle Italy S

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

14. Maiden name Unknown Italy S

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

16. (a) Informant Peter Joseph Theresa

(b) Address 2631 Howard St.

17. (a) Burial (b) Date thereof 6-28-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hyzler U: Coe
(b) Address 2223 St. Louis Ave.

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: Alfred J. Perry (M.D. or other)
Address: _____ Date signed 6/26/43

19. (a) JUN 27 1943 (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

Carroll

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 John P. Buckholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.