

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5955

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1300

1. PLACE OF DEATH a. COUNTY <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis,</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Nursing Home,</u>		STREET ADDRESS (If rural, give location) <u>2249 3615 Nebraska</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anita</u> b. (Middle) _____ c. (Last) <u>Angermueller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 5, 1883</u>
9. AGE (in years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home,</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Sterling, Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Beal A. Pryor</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Lambeth</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Angermueller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Nil.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sylvia Redenbaugh, 5802a Wabada Ave.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>5 mo.</u> <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular thrombosis</u>		
	DUE TO (c) <u>Coronary heart disease</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>490x</u>

22. I hereby certify that I attended the deceased from July, 1954, to Feb 9, 1955, that I last saw the deceased alive on Feb. 9, 1955, and that death occurred at 11:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arce E. Berger, M.D.</u> (Degree or title)	23b. ADDRESS <u>114 N. Taylor Ave.</u>	23c. DATE SIGNED <u>2-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 11 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	

5.0 (Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.