

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17235

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1079

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bonhomme</u>	
b. CITY OR TOWN <u>Rich Hts Mo</u>	c. LENGTH OF STAY (in this place) <u>18 years</u>	c. CITY OR TOWN <u>Leopold Mo</u>	d. STREET ADDRESS (If rural, give location) <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>LOUISE</u>			4. DATE OF DEATH <u>May 11 1955</u>		
a. (First)	b. (Middle)	c. (Last) <u>ANGER</u>	Month	Day	Year

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 21-1860</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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 (State or foreign country) <u>Cape Girardeau Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>George Buchna</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Staded</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd Anger Second</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Mary Alice 1100 Bellevue Ave</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>			
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Trigeminal neuralgia</u>			
II. 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? <u>4500</u> YES <input type="checkbox"/> NO <input type="checkbox"/>		
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1860, to May 11, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1100 Bellevue Ave</u>	23c. DATE SIGNED <u>5/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	24d. LOCATION (City, town, or county) (State) <u>Leopold Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5/12/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CH York Co. 6536 Clayton Rd</u>		
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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 .....  
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.