

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37960**  
Registrar's No. **10018**

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>10018</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>11 yrs.</b>   |  | c. CITY OR TOWN <b>St. Louis</b>  |  | d. Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4027 Utah Street</b>   |  |   |  | e. STREET ADDRESS (If rural, give location)<br><b>16 4027 Utah Street</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <b>MARGARETTE</b>  |  | b. (Middle) <b>EVA</b>  |  | c. (Last) <b>ANGOVE</b>   |  |
| 4. DATE OF DEATH  |  | (Month) <b>Nov.</b>   |  | (Day) <b>14</b>   |  | (Year) <b>1955</b>  |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 8. DATE OF BIRTH <b>August 10, 1874</b>   |  |
| 9. AGE (In years last birthday) <b>81 yrs.</b>  |  | IF UNDER 1 YEAR Months _____  |  | IF UNDER 24 HRS. Days _____   |  | IF UNDER 24 HRS. Hours _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  |
| 13a. FATHER'S NAME <b>John B. Hart</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Walker</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>John Charles Angove</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____   |  | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alden V. Angove, 4027 Utah Street</b>  |  |   |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Heart Disease</b><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3-4 hrs</b><br><br><b>6 years</b>  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION <b>420.1</b>   |  |   |  | 20. AUTOPSY?<br>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. HOW DID INJURY OCCUR? _____  |  |
| 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? _____  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>10-5, 1949</b> to <b>11-14, 1955</b> , that I last saw the deceased alive on <b>11-14, 1955</b> , and that death occurred at <b>6:10 P.M.</b> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE <b>Ernest Hornum M.D.</b> (Degree or title)  |  | 23b. ADDRESS <b>3624 Brussels</b>   |  |   |  | 23c. DATE SIGNED <b>11-15-55</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 24b. DATE <b>11-17-55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Park</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>NOV 16 1955</b>   |  | REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.</b>  |  |   |  |

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. None working under my personal supervision..

Student None Signature of Student Embalmer

Signed Delix J. Kraspin

Licensed Embalmer No. 34

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.