

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 22 1957 STANDARD CERTIFICATE OF DEATH

State File No. 12682

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON	c. LENGTH OF STAY (in this place) 19 da.	c. CITY OR TOWN WASHINGTON	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 ST. FRANCIS HOSPITAL		e. STREET ADDRESS (If rural, give location) 304 W. FIFTH St	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) LUTHER c. (Last) ANGERER	4. DATE OF DEATH (Month) (Day) (Year) APRIL 17 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 7, 1877	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKERAGE	10b. KIND OF BUSINESS OR INDUSTRY MPGR'S AGENT	11. BIRTHPLACE (City and State or Foreign Country) ST. CLAIR, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK ANGERER	13b. MOTHER'S MAIDEN NAME HARRIET GORG.	14. NAME OF HUSBAND OR WIFE BLANCHE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-03-5174A	17. INFORMANT'S SIGNATURE OR NAME Mrs Robert Hoffmann	ADDRESS Wash. Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 40 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Atherosclerosis, generalized		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Anemia, hypochromic, due to iron deficiency.		6 weeks	
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8/2**, 19**56**, to **4/17**, 19**57**, that I last saw the deceased alive on **4/17**, 19**57**, and that death occurred at **12:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) Michael S. Hoppich, M.D.	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 4/18/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 20 '57	24c. NAME OF CEMETERY OR CREMATORY Odd FELLOWS Cem	24d. LOCATION (City, town, or county) (State) ST. CLAIR Mo.
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DATE REC'D BY LOCAL REG. Apr. 18, 1957	REGISTRAR'S SIGNATURE J. C. Schuman	25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto	ADDRESS Washington Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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APR 26 1951

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 none..... Student Embalmer No. none working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Henry W. Otto
Licensed Embalmer No. 3560
P. O. Address Washington

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.

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