MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38666

Township ..... Primary Registration District No. 1003 Registered No. 11368

City St Louis (No. 3706 Salena St. ..... Ward)

2. FULL NAME Joseph John Angelly

(a) Residence. No. 3706 Salena St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugenia Angelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stationery Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnsburg
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Eugenia Angelly
(Address) 3706 Salena St

15. FILED DEC 20 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1927, to Dec 19, 1927 that I last saw him alive on Dec 19, 1927, and that death occurred, on the date stated above, at 1 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of the Stomach 46B

44A (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? NO. DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) William Winter, M.D.
Dec 19, 1927 (Address) 3375 S. Grand Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Matthews	Dec 21 1927
20. UNDERTAKER	**ADDRESS**
Wacker-Helderle	2331 S Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.