WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

4348

1. PLACE OF DEATH

County ..... Registration District No. 791 003 File No. 977

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis Mo (No. 7729 Vulcan, St. ..... Ward)

2. FULL NAME Joseph (Angermeier) Angermeier

(a) Residence. No. 7729 Vulcan St. XCI Ward. (Usual place of abode) (If nonresident give city or town and State)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	—	4	

8. OCCUPATION OF DECEASED — 101A

(a) Trade, profession, or particular kind of work 89A

(b) General nature of industry, business, or establishment in which employed (or employer) ..... — 104A

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph Angermeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Minie Mahler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT Minie Angermeier (Address) 7729 Vulcan

15. FILED JAN 21 1929 19 Max C Starkey REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 – 20 – 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-4-29, 19..., to 1-19-29, 19..., that I last saw him alive on 1-19-29, 19..., and that death occurred, on the date stated above, at 1-20-29 ~~10 45~~ 10 45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia (terminal)

Otitis Media (bilateral) Secondary

Acute Rhino-pharyngitis non Diphtheritic

Cutting teeth (duration) ..... yrs. ..... mos. ..... ds. 15 days or more

CONTRIBUTORY (SECONDARY) Hemorrhages from Ear due to Otitis Media (duration) ..... yrs. ..... mos. 1½ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 10 45

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Le Roy R Robertson, M. D

, 19 718 Beaumont Med Bldg (Address)

*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
Mt Hope Cemetery	Jan 22 1929

20. UNDERTAKER	ADDRESS
Wendle Mills	7819 Mich.