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.

6752

File No. 918

Registered No.

399

1. PLACE OF DEATH
County: Jackson — Registration District No.
Township: Kaw — Primary Registration District No. 1002
City: Kansas City Mo (No. 2704 Charlotte St. Ward)

2. FULL NAME: Helena Anger mayer
(a) Residence. No. 2704 Charlotte St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anton Angermayer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 2 – 1846

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
82	6	22	

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

9. BIRTHPLACE (CITY OR TOWN): Wurtenberg
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Philip Schinlein
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Wurtenberg
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Wurtenberg
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Clara Angermayer
(Address): 2704 Charlotte St

15. FILED 2-25, 1929 M M Emmel Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 24th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 24, 1929, that I last saw h. ex alive on Feb 23, 1929, and that death occurred, on the date stated above, at 7 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
111B Bronchial Pneumonia (double)
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Orden Lungs.
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding.
(Signed) Orden Kruger, M. D
2-25-1929 (Address) 220 Argyle Bld.

*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: Calvery Cemetery — DATE OF BURIAL: Feb 27 1929

20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

[illegible]