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

Do not use this space.

22964

File No. 6389

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo. (No. Lutheran Hospital St. Ward)

2. FULL NAME Eugenia Angelly

(a) Residence. No. 3706 Salena Street St., 24 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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23rd, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	5	19	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) France

PARENTS

10. NAME OF FATHER Henry Stapfer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edward O. Hergot
(Address) 2719 Park Avenue

15. FILED N 11 - 1929 19 Chas C Stockel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12th, 1929.

17. I HEREBY CERTIFY, That I attended deceased from June 12 1929, 19..., to June 12, 1929 that I last saw he alive on June 12, 1929, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108
94A

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) William Winter, M. D.

June 13, 1929 (Address) 3325 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 St. Matthews

DATE OF BURIAL June 15 1929.

20. UNDERTAKER Wacker & Helsler

ADDRESS 2331 S. Broadway.

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.