

406 90 1330

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

Do not use this space.

21811  
~~21889~~

1. PLACE OF DEATH

County Aspin  
Township Atkinson  
City Merier

Registration District No. 24  
Primary Registration District No. 3002  
(No. 1503 East Monroe

File No. \_\_\_\_\_  
Registered No. 80  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Leopold-Mathew Angert

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Angert</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 8 - 1853</u>		
7. AGE <u>76</u>	YEARS <u>9</u>	MONTHS <u>—</u>
DAY <u>—</u>		IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mechanic  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Michel Angert  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Delphine Wasmuth  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Mrs Angert  
(Address) Mexico Mo

15. July 4th 1930 Ina S. Milligan  
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3rd 1930  
17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930, to July 3, 1930, and that I last saw him alive on July 2, 1930, and that death occurred, on the date stated above, at 7:30 A. M.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy.

CONTRIBUTORY (SECONDARY) Cardio Nephritis  
(duration) 4 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 7013  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Frank Kelley, M. D.

(Address) Mexico, Mo

\*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 Chula Vista Mo DATE OF BURIAL 7-5-1930

20. UNDERTAKER H. A. Piret & Son ADDRESS Mexico Mo

1.