

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

Do not use this space.

41800

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 3053
 City St. Louis (No. 2210 University St)
 St. _____ Ward _____

File No. _____
 Registered No. 10897
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2210 University St. 20 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 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>Robert C. Angle</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 1903</u> | | |
| 7. AGE | YEARS <u>28</u> | MONTHS <u>11</u> |
| | DAYS <u>21</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | 11. Total time (years) spent in this occupation _____ |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>335</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u> | 2. _____ | |
| MOTHER | 13. NAME <u>Bert Bevell</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u> | |
| | 15. MAIDEN NAME <u>Don't Know</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" " "</u> | <u>31</u> |
| 17. INFORMANT (ADDRESS) <u>Robert Angle 2210 University</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hambergon, Penn</u> | DATE <u>Dec 8th</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Hy Leiber - Ind. Co.</u> | | |
| 20. FILED <u>DEC - 8 1932</u> | <u>Wm. Estabrook</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 - 1932

2. No PHYSICIAN CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:
 Date of onset _____

Shock + Burns (Electrocution)
due to coming in contact with wire on electric heater while taking a bath at residence

Other contributory causes of importance:
residence 193

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 11/7, 1932
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury Shock + Burns (Electrocution)
 Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify: J. W. Kerney
 (Signed) _____
 (Address) Dep. Coroner

WRITE PAINLY, 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.

