

JAN 10 1938

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

43698  
Do not use this space.

791<sup>2</sup>  
1003

Registered No. 11948

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Missouri (d) Street No. 2850 Michigan St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Henry C. Angelbeck

(a) Residence, No. 2850 Michigan St. 16 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 - 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Packer  
9. Industry or business in which work was done, as saw mill, bank, etc. Hardware Co. 15  
10. Date deceased last worked at this occupation (month and year) Dec. 10, 1937  
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 100

13. NAME Henry Angelbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 101

15. MAIDEN NAME Anna Wille 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Catherine Angelbeck (ADDRESS) 2850 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilgrim's Rest DATE Dec. 28, 1937

19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue.

DEC 28 1937 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Dec 26, 1937  
I last saw him alive on Dec 26, 1937. Death is said to have occurred on the date stated above, at 4:53 A.M.  
The principal cause of death and related causes of importance were as follows:

Nephritis - chronic Date of onset ?  
Ch. Myocarditis  
mitral Regurgitation  
Other contributory causes of importance:  
Terminal Pneumonia Rt Base 3 days  
Bronchial

Name of operation ..... Date of .....  
What test confirmed diagnosis? X Was there an autopsy? No

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

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify lets Dr. Mappes M. D.  
(Signed) 2805 So. Bway  
(Address)

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.

688.

1 X12004

W. V. Kleypen  
3803 S. Proskauer

2-3-78

**STATEMENT BY LICENSED EMBALMER**

I, Gustaf, Licensed Embalmer No. 3737  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Gustaf  
Licensed Embalmer No. 3737

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**