REC'D JUN 9 1938

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

791
1003

16496
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1
(b) Township ..... Primary Registration District No. ..... Registered No. 4357
(c) City St. Louis (d) Street No. 1120 Graham Ave. 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 William Angenendt 525
(a) Residence, No. 1120 Graham Ave. St. 4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1877

7. AGE: Years 61 | Months 1 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House man
9. Industry or business in which work was done, as saw mill, bank, etc. Deaconess Hosp.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo. 1245

FATHER
13. NAME William Angenendt 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Edna Schurwan
(ADDRESS) 1120 Graham Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill Cem. DATE 5-13 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED MAY 12 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 10, 1938
I last saw h. alive on May 10, 1938. Death is said to have occurred on the date stated above, at 3:19 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic heart	
Bronchial type (Large)	
Hypostatic pneumonia Bronchial	

Other contributory causes of importance:
Arteriosclerosis, Senile (Sclerosis,)

Name of operation None Date of
What test confirmed diagnosis? Clinical 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, 19
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? 1
If so, specify
(Signed) P. B. Cappelmann, M. D.
(Address) 3239 Franklin Ave.

Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH INDELIBLE INK. DO NOT FOLD. PRESERVE THIS RECORD

1 X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....3024

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.