

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

24006
Do not use this space.

REC'D AUG 12 1938

791
1003

Registered No. 6700

1. PLACE OF DEATH

(a) County / Registration District No.
(b) Township / Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 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.

D. 5478

2. PRINT FULL NAME

August Anghouse 523
(a) Residence, No. 3747 S. Jefferson St. 24 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1889

7. AGE YEARS 49 MONTHS 1 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Green
9. Industry or business in which work was done, as saw mill, bank, etc. nbl
10. Date deceased last worked at this occupation (month and year) July 1937 11. Total time (years) spent in this occupation 10 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME George Anghouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME Sarah ?

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Ill DATE July 29, 1938

19. FUNERAL DIRECTOR (ADDRESS) Opere to Schreder

20. FILED JUL 27 1938 J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27/38, 19...

22. I HEREBY CERTIFY, That I attended deceased from 7/16/38, 19... to 7/27/38, 19...

I last saw him live on 7/27/38, 19... Death is said to have occurred on the date stated above, at 3 a.m.

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

Chronic alcoholism with psychosis

Other contributory causes of importance: Pulmonary Edema, non tubercular, no pneumonia

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? yes

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? If so, specify (Signed) E. H. Trowbridge Jr., M. D. (Address) City Hospital No. 1

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARG. RESERVED FOR BINDING

V. S. 2. 2. 50M-7-20-37

1 X12004

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.

NOV 1 0 1941

Not embalmed
CP

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)