

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4772

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4406 N. 20th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 61 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4406 N. 20th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1940 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from
May 30 1939 to May 30 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
From Myocarditis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature George Ross (M. D. or other) _____
Address 1918 East Grand Date signed _____

8. (a) PRINT FULL NAME Edward Angelbeck 524

3. (b) If veteran, name war World War 8. (c) Social Security No. 489-10-0987

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Angelbeck 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 8, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 22 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Barry Weihmueller

12. Name Louis Angelbeck

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Halling

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben. Schaller

(b) Address 5239 Von Phul

17. (a) Burial (b) Date thereof 6/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cem.

18. (a) Signature of funeral director J. J. ...

(b) Address 3934 N. 20th St.

19. (a) MAY 31 1940 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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.