

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.

JUL 10 1943

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

22087

Do not use this space.

1. PLACE OF DEATH

(a) County Peru Registration District No. 270
(b) Township Peru Primary Registration District No. 5910 Registered No. 43
(c) City St. Louis (d) Street No. _____ 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

(a) Residence, No. Lee Ann Chin St. St. Louis
(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 MO 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin C. Anglin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1869
7. AGE YEARS 74 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Abbeville, South Carolina (STATE OR COUNTRY) South Carolina

13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) South Carolina

17. INFORMANT Clayton Anglin (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Port St. Louis DATE _____ 19. FUNERAL DIRECTOR (NAME) W. T. F. ... (ADDRESS) St. Louis

20. FILED 6-14- 1943 Jessie H. Markley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1943

I HEREBY CERTIFY, That I attended deceased from March 1 1943 to June 13 1943
I last saw him alive on June 1 1943 Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
93%
Other contributory causes of importance: Arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis: clinical Was there an autopsy? _____

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) W. T. F. ... M. D.
(Address) St. Louis, Mo.

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.....

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.

628-84-7