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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1097

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Mo. (b) County St. Louis

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1206A Werley Ave., 0 NR
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jacob Angerer.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Julia Angerer

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 23, 1879.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	9	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name John Angerer
13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emleig Breumer
15. Birthplace Md. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Angerer
(b) Address 1206A Werley Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4/44.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peter Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) FEB 3 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1944 hour 3.40 minute P.M.

21. I hereby certify that I attended the deceased from Jan 21, 1944, to Feb. 1, 1944
that I last saw him alive on 2-1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of prostate Gland	?
Metastases to bony skeleton	?
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) 51	—

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. W. Sthier 0 (M. D. ~~or other~~)
Address 901 Beaumont Bldg Date signed 2-2-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. W. Ittner Jr.
3720 Washington Blvd.,
1-5 P.M. JE. 4515.

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 Alan J. Nelly

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.

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, fact should be so stated above.