. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34531

Registration District No. 367 Primary Registration District No. 3069 Registrar's No. 2431

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town v Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 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:**

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5024 Washington Ave. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME James Edward Angel

3. (b) If veteran, name war .....

3. (c) Social Security No. 327-07-0692

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ella Angel

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

7. Birth date of deceased July (Month) 3rd. (Day) 1885 (Year)

8. AGE: Years 60 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Licking (City, town, or county) Mo. (State or foreign country) 1

10. Usual occupation Sales Engineer

11. Industry or business Connelly Heat & Air Cond Co.

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

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Wm. R. Connelly
(b) Address 3100 Washington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 10-21-45 (Date received local registrar) (b) E.G. McGovern M.D. (Registrar's signature) 2 9

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 17th year 1945 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from 30 Sept 1945 to Oct 17 1945 that I last saw him alive on Oct 17 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to 126

Due to Acute Cholecystitis & Lithiasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute Cholecystitis Cholelithiasis

Of autopsy Yes

Duration

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 [signature] (M. D. or other)
Address County Clerk Date signed 10/19/45

717

(Licensed Embalmer's Statement on Reverse Side)

Dr Jane Clancy
University Club Bldg
1-3

**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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St Louis Mo

**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.**