

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
UNITED STATES DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25745

FILED AUG 15 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6600

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:
4027 Oregon Ave
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4027 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Angela Spangenberg
3. (b) If veteran, name war NO 3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2nd 1855
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7th day 26th
year 1946 hour 12/50 minute P.M.
21. I hereby certify that I attended the deceased from May 5, 1946 to July 26, 1946
that I last saw her alive on April 24, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 5 24 hr. _____ min.

Immediate cause of death Arteriosclerosis
Due to Cardiac & Nephritis
Due to Ascites
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business _____
12. Name Hy. Hoffmeier
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Spangenberg
(b) Address 4027 Oregon
17. (a) Burial (b) Date thereof 7-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cem. Alton Ill.

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? _____
23. Signature W. E. Goldenrod M.D. (M. D. or other)
Address 4205 Virginia (Specify type of place) (e) Means of injury _____
Date signed 7/27/46

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3819 S. Grand Blvd.
19. (a) JUL 28 1946 (b) J. F. Baedek
(Date received local registrar) (Registrar's signature)

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

245394

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..... *W E Morris*

Licensed Embalmer No. *3360*

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, fact should be so stated above.