

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34898
State File No. _____
8649
Registrar's No. _____

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Christian Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(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. **5084A Claxton Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Ann Angelo**
(b) If veteran, name war **No**
(c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
(b) Name of husband or wife **Single**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 20, 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **8**
year **1946** hour **4** minute **A.M.**
21. I hereby certify that I attended the deceased from **10/1/1946** to **10/8/1946**
that I last saw him **alive** on **10/7/1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Heart disease** Duration _____
Heart disease was
Present Terminal
Cause
Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: Of operations _____
Of autopsy **None**

8. AGE: Years Months Days If less than one day
0 5 18 hr. _____ min.
9. Birthplace: **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Infant**

Due to **Heart disease**
Due to **None**
Other conditions (Include pregnancy within 3 months of death) **None**
Major findings: Of operations _____
Of autopsy **None**

11. Industry or business _____
12. Name **Joseph Angelo**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Scherrer**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Heart disease
Present Terminal
Cause

16. (a) Informant **Joseph Angelo**
(b) Address **5084A Claxton Ave.**
17. (a) **Burial** (b) Date thereof **Oct. 9'46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Bromschwig and Son Funeral Home**
(b) Address **4746 W. Florissant Ave.**
19. (a) **OCT 8 1946** (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature _____ (M. D. or other)
Address **5251 National** Date signed **10/8/46**

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

MOTHER FATHER

5251 7/15
L. D. Wilkerson

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..... *L. D. Wilkerson*

Licensed Embalmer No..... *3575*

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.