

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32370

State File No. ....

FILED SEP 22 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 243K

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

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>	
c. LENGTH OF STAY (in this place) <u>8 WKS</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8530 Laclede Station Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>ANGELI</u> c. (Last) <u>ANGELI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1949</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 17, 1889</u>		9. AGE (in years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>carpentry</u>			11. BIRTHPLACE (State or foreign country) <u>Hungary</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Peter Angeli</u>			13b. MOTHER'S MAIDEN NAME <u>Andree</u>			14. NAME OF HUSBAND OR WIFE <u>Helen Angeli</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-10-7475</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Angeli</u>		ADDRESS <u>4679 Oldenburg</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma, Rt.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerotic heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>general metastases of Ca lung.</u>						<u>162X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug. 29, 1949, to Sept. 5, 1949, that I last saw the deceased alive on Sept. 5, 1949, and that death occurred at 9:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Coble</u> (Degree or title) <u>F.M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>9-5-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>N St Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-8-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Hendrickson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein &amp; Sons</u>		ADDRESS <u>7027 Gravois</u>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravo*

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.