

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5964

STATE FILE NUMBER

318

1003

749

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 749

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 St. Louis City Hosp		Length of stay in 1b DOA	d. STREET ADDRESS 27 6140 Garfield Ave		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Herbert Middle G Last Angermann			4. DATE OF DEATH Month Day Year Jan. 22 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3 1891		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Service Employee		10b. KIND OF BUSINESS OR INDUSTRY (Retired)	11. BIRTHPLACE (City and state or country) Perryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Angermann			14. MOTHER'S MAIDEN NAME Margaret Sandler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-01-0024	17. INFORMANT Address Mrs. Rachel Angermann, 6140 Garfield		
18. CAUSE OF DEATH - [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Hemorrhage (right) Complete Atelectasis of the right Lung; following injuries suffered when struck by car operated by one Edward [unclear] on parking lot in the vicinity of # 3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE OR CONDITION GIVEN IN PART I. Struck by car operated by one Edward [unclear] on parking lot in the vicinity of # 3					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I for Part II of item 18.) Struck by car operated by one Edward [unclear] on parking lot in the vicinity of # 3			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year 1230 p.m. 1. 16. 57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Parking Lot			20e. CITY, TOWN, OR LOCATION Ferguson Mo. 6304
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Parking Lot			20h. CITY, TOWN, OR LOCATION Ferguson Mo. 6304
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 705 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) James M. Kelly Deputy			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-24-57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Jan 25 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair			25. DATE RECD. BY LOCAL REG. JAN 24 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

100-5

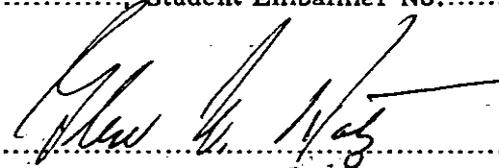
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

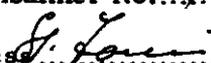
STATEMENT BY LICENSED EMBALMER

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
Signature of Student Embalmer

Signed


Licensed Embalmer No. 27

P. O. Address 

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**