

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019950

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1345

1. PLACE OF DEATH a. COUNTY St. Louis,		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 Ballwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights 4485 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Length of stay in lb 3 Mon.	d. STREET ADDRESS (If outside, give location) 7458 Williams Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE ANGELBECK			4. DATE OF DEATH Month Day Year May 14, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1875	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hanover, Germany	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Hinck	13b. MOTHER'S MAIDEN NAME Rebecca (unknown)	14. NAME OF HUSBAND OR WIFE Henry C. Angelbeck	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Florence Stellhorn	Address 7458 Williams Richmond Hts. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO-PNEUMONIA, HYPOSTATIC		INTERVAL BETWEEN ONSET AND DEATH 34
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC MYOCARDITIS	
	DUE TO (c) SENILITY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18):
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from MAY 12, 1959 to MAY 14, 1959 and last saw her alive on MAY 12, 1959 Death occurred at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE B.R. Loring, M.D. (Degree or title)	22b. ADDRESS BALLWIN, Mo.	22c. DATE SIGNED 5-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 18th. 1959	23c. NAME OF CEMETERY OR CREMATORY St. Trinity, Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Beiderwieden F. H. 1936 St Louis Ave.	25. DATE RECD. BY LOCAL REG. 5-15-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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MISSOURI DEPARTMENT OF HEALTH - DIVISION OF HEALTH RECORDS

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. 4520
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.