

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037455

STATE FILE NUMBER

AMENDED

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 136

FILED NOV 1 1961

1. PLACE OF DEATH

a. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN FestusLength of stay in lb
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mueller DriveInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jefferson

c. CITY
OR
TOWN FestusInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
Mueller DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Bernard

Lawrence

Angstrom, Jr.

4. DATE
OF
DEATH

Month

Day

Year

Oct.

21

1961

5. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
July 7, 619. AGE (last birthday)
0IF UNDER 1 YEAR
Months 3 Days 14 Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Festus, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Bernard Lawrence Angstrom, Sr.

Elizabeth Ray Petsch Angstrom

N/A

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.

None

17. INFORMANT

Address

Bernard L. Angstrom, Mueller Dr., Festus

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH
6 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Viral upper respiratory infection

3 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/19/61 to 10/21/61 and last saw him alive on 6/25/61
Death occurred at 6:00 AM 10/21/61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Vinyard Funeral Homes, Inc., Festus, Mo.

10-23-61

Paul G. Angstrom

(Licensed Embalmer's Statement on Reverse Side)

1961 2 AON.

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

Keith B. Vinson

Licensed Embalmer No. 4996

P. O. Address Festus, Mo

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.