

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

8259

63-033386 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8259

FILED AUG 22 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Illinois b. COUNTY St. Clair
 c. CITY OR TOWN Cahokia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1613 MALLENS Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ARNE Middle ANGEL Last ANGEL
ANNE AMBROUS ANGEL

4. DATE OF DEATH Month 8 Day 10 Year 63

5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-28-04 9. AGE (last birthday) 58
 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Stockyard Worker 11. BIRTHPLACE (City and state or country) Ellington, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jahue Hampton 13b. MOTHER'S MAIDEN NAME Tindall, Melinda 14. NAME OF HUSBAND OR WIFE NINA ANGEL

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. 498-01-5760 17. INFORMANT Address Nina Angel Cahokia, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia
 DUE TO (b) 493X
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cancer of Larynx
 PART III. If deceased was female was there a pregnancy in last 90 days: Yes No Unknown

19. 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 11 a.m. PM Month, Day, Year 4/6/63

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 4/6/63 to 8/10/63 and last saw her/him alive on 8/10/63
 Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. M. Walsley, M.D. 22b. ADDRESS Firmin Desloge Hospital 22c. DATE SIGNED 8-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 8-14-63 23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery 23d. LOCATION (City, town, or county) (State) Annapolis, Mo.

24. FUNERAL DIRECTOR Kassly Funeral Home ADDRESS Cahokia, Ill. 25. DATE RECD. BY LOCAL REG. AUG 13 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1110.1-

notified

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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.

Not Embalmed

Student _____
Signature of Student Embalmer.

Signed John J. Kassy III
Licensed Embalmer No. 5039

P. O. Address E. St. Louis, Ill.

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.

82-81-9