DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 961

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 961

FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 25

(d) Street No. 813 a Biddle (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lee Anthony 5 5

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased April 19, 1875 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Unk (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Nil

11. Industry or business Unk

FATHER
12. Name Isaac Anthony
13. Birthplace Unk (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary ? Missouri
15. Birthplace Unk (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Florence G Spotts
(b) Address Homer G Phillips Hospital

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) JAN 31 1940 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1940 hour 9:00 minute 45 P M.

21. I hereby certify that I attended the deceased from December 29, 1939, to January 5, 1940; that I last saw him alive on January 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	6-8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 Whittier Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-11-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.