

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 220

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Carondelet Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4757 Oldenburg  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Anton Antonic  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 489-18-2943

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Marija  
 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 7 1884  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 23  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Steel Foundry

11. Industry or business Steel Foundry

12. Name Unknown Antonic

13. Birthplace Yugoslavia  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
 (City, town, or county) (State or foreign country)

15. Birthplace Yugoslavia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matthew Antonic  
 (b) Address 4953 Tiemann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, '40  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation New ST. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhain & Sons  
 (b) Address 7027 Gravois  
 19. (a) FEB 1 - 1940 (Date received local registrar)  
 (b) Carl Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Carondelet Township  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4757 Oldenburg  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 30  
 year 1940 hour 3 minutes 15 P.M.

21. I hereby certify that I attended the deceased from Nov-15-1939 to Jan 3 1940  
 that I last saw him alive on Jan 3 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - acute Duration \_\_\_\_\_

Due to Chronic Myocarditis with 4-5 gm decompensation

Due to \_\_\_\_\_

Other conditions Chronic Bronchitis 4-5 gm  
 (Include pregnancy within 3 months of death)

Major findings: Of operations no  
 Of autopsy no

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) no  
 (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature P. H. Stearns (M. D. or other) \_\_\_\_\_  
 Address 8200 Gravois Date signed Jan 31-40

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Clarence P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *6937<sup>a</sup> Gravois*.....

**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.**