

S. No. 2  
I-4-13-40  
v. 5-17-39  
I X2315

11992

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

APR 9 1941

Registration District No. 105

Primary Registration District No. 200

Registrar's No. 665

94  
000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: ST. Louis  
 (a) County ST. LOUIS  
 (b) City or town KOCHI  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: ROBERT KOCH HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3102 EMMAS  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 LIFE years.

3. (a) PRINT FULL NAME MARGARET LOLAR ANTHONY  
 3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SEPARATED  
 6. (b) Name of husband or wife R. T. ANTHONY 6. (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased 8 - 24 - 1909  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAR day 23  
 year 1941 hour 11 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from MAR 21, 1941, to MAR 23, 1941;  
 that I last saw him alive on MAR 23, 1941,  
 and that death occurred on the date and hour stated above.

8. AGE: Years 31 Months 6 Days 29 If less than one day \_\_\_\_\_  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pulmonary Tuberculosis  
 Due to \_\_\_\_\_  
 Due to 136  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation none  
 11. Industry or business \_\_\_\_\_  
 12. Name JOHN SIMS  
 13. Birthplace TENN.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name EMMA CALDWELL  
 15. Birthplace MISSOURI  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant PATIENT  
 (b) Address 3102 EMMAS  
 17. (a) Removal (b) Date thereof 3-29-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Chester Ill.  
 18. (a) Signature of funeral director W. J. Richardson  
 (b) Address 2625 Glasgow  
 19. (a) MAR 28 1941 (b) W. J. Richardson  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
 23. Signature Robert Koch, Jr. (M. D. or other) \_\_\_\_\_  
 Address Koch MO Date signed 3/25/41

**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

*R. D. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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, fact should be so stated above.**