No. 2
4-13-40
5-17-39
I X231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12066

APR 9 1941

Registration District No. 184 Primary Registration District No. 111 Registrar's No. 702

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6807 Nashville Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 11 years.

3. (a) PRINT FULL NAME Marie Anthonis
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Late Frank Anthonis
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 7th (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	4	22	hr. min.

9. Birthplace (City, town, or county) Belgium 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Van Beers
13. Birthplace (City, town, or county) Belgium 4 (State or foreign country)
MOTHER
14. Maiden name Marie Evers
15. Birthplace (City, town, or county) Belgium 4 (State or foreign country)
16. (a) Informant Mrs. Marie Quinn
(b) Address 7440 Arlington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAR 31 1941 (Date received local registrar) (b) T R Mayer M D Dr P H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1941 hour 4:25 minute A.M. M.
21. I hereby certify that I attended the deceased from July 2, 1940, 19 , to Mar 29, 1941; that I last saw her alive on Mar. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6 days
Due to General Arteriosclerosis with hypertension	Years
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —
93d

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 Douglas A. Ries (M. D. or other) MD
Address 7166 Manchester Ave Date signed 3/31/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. S. A. Ries 2-5:30
7166 Manchester Ave
St: 3/2.6

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.