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FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23318

State File No. _____

5670

Registration District No. 251

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4456 Chouteau Avenue
(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) 1

3. (a) PRINT FULL NAME THOMAS JOSEPH ENGLANT

3. (b) If veteran, name war None 3. (c) Social Security No. 489-03-0007

4. Sex Male 5. Color or race White 6: (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Englant 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 27th, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation Collector

11. Industry or business _____

12. Name William Englant

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

14. Maiden name Ann Smith

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

16. (a) Informant Ann Englant

(b) Address 4456 Chouteau Avenue

17. (a) Burial (b) Date thereof July 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Dr. E. Moydell

(b) Address 1926 Allen Avenue

19. (a) JUL 9 1941 (b) J. W. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4456 Chouteau Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 7-7-41
_____, 19____, to 7-7-41, 19____;
that I last saw him alive on 7-7-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations in a

Of autopsy 13

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 E. Lee Shradex (M. D. or other) _____

Address 3720 Washington Date signed 7/8/41

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

979

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.....

Benj. L. Duncan

Licensed Embalmer No.....

2272

P. O. Address.....

1926 Allen

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.