

FILED FEB 24 1942

Registration District No.

Primary Registration District No. 1003

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 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 das 10 hrs 53 min
In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2030A Cole Street 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel William Anthony

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

4. Sex Male 2 5. Color or race Negro 0 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased. 1 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 1 hr. 57 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
{ 12. Name Samuel William Anthony
13. Birthplace Meridian Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Esther Anna Landers
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter May Sheard
(b) Address 2601 N. Whittier Street

17. (a) _____
(Burial, cremation, or removal) CITY CLIFF (Date of burial or cremation) 1/27/42
(Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director. Joe Hamilton

(b) Address City Health Dept

19. (a) JAN 28 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14
year 42 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 11th 1942 to Jan. 14th 1942; that I last saw him alive on Jan 14th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Hemorrhage Neonatorum
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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature D. S. Moore 0 (M. D. or other) 1-27-42
Address 2601 N. Whittier St. Date signed _____

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

0033
9

0033
9

Handwritten signature/initials

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, fact should be so stated above.