

Filed AUG 6 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6203

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: Scanlon & Frisco R.R. Tracks 3
(If not in hospital or institution, write street number and location)
Em. of Route City 100 #1
Length of stay: 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4542 Gibson Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William F. Anthony

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Hilda Anthony 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 7, 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 13 If less than one day hr. _____ min _____

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

10. Usual occupation Switchman, Frisco R.R.

11. Industry or business _____

12. Name David Anthony

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

14. Maiden name Frances Scdlatzek

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

16. (a) Informant Mr. Gene Anthony

(b) Address 5005a Lotus Ave.

17. (a) Burial (b) Date thereof 7-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvatory

18. (a) Signature of funeral director Arthur J. Konnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 22 1942 (b) Je. S. Bredeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1942 hour 12 minute 30 P.M.

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

Immediate cause of death: Exsanguination Due to Amputation of both Femurs and Crushed Skull When he was struck by a Diesel Frisco Engine # 200 Manned by William Bengtson Engineer about 75 feet south of Scanlon on the Frisco R.R. about 12:20 P.M. 7/20/42

Duration

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) Accident

(b) Date of occurrence 7/20/42

(c) Where did injury occur To Frisco (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial

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

23. Signature Thomas J. Callahan (M. D. or other) Address Deputy Coroner Date signed 7/24/42

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

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SEP 18 1943

Coroner's Office

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.