DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4201

FILED FEB 7 1944

Registration District No. 1944 Primary Registration District No. 6076 Registrar's No. 280

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural-Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8210 Hildesheim Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Rural, Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8210 Hildesheim
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Philip Anthes

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

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Anna Lange Anthes
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased June (Month) 15 (Day) 1864 (Year)

8. AGE: Years 79 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Freeburg (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)
16. (a) Informant Paul Anthes 4611
(b) Address 4611 Morganford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.,
19. (a) FEB 3- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1944 hour 9 minute 41 A. M.
21. I hereby certify that I attended the deceased from Nov 1st, 1943, to Jan 29th, 1944 that I last saw him alive on Jan 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death) myocarditis

Major findings: Of operations —

Of autopsy — 9 & 1

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) —
(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 Leo E. Wilicki (M. D. or other) M.D.
Address 5402 9 Gravois Av Date signed 1/31/44

(Licensed Embalmer's Statement on Reverse Side)

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.