

Registration District No. 317

Primary Registration District No. 2063

Registrar's No. 142

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Co Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 7424 Maple
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS ANTON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or Orange White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Vasilo

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased ? 1862?
(Month) (Day) (Year)

8. AGE: Years 82? Months ? Days ?
If less than one day
hr. min.

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

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Nicholas Anton

(b) Address 1714 Courtland Ave. Chi. Ill.

17. (a) Burial (b) Date thereof Jan 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mathews Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo

19. (a) JAN 19 1944 (b) E. G. McSavan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-14 to 1-17, 1944,
that I last saw him alive on 1-17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage + uremia Duration 12 day

Due to Hypertensive cardiac-vascular disease

Due to _____

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

Major findings: Of operations none

Of autopsy not performed 9/24

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 James G. Owen (M. D. or other) M.D.

Address 607 Courtland St. Clayton Date signed 1-17-44

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

96
2
3

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.