

FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

State File No. 21629

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6392

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

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:
De Paul Hospital
(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 Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5963 Wells Avenue.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Theodore Anslyn.

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 498-16-7047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1945 hour 6 minute A.M. M.

21. I hereby certify that I attended the deceased from 7-23 1945 to 7-22 1945
that I last saw h. in alive on _____ and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Katherine Anslyn. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased August 3, 1873.
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis Duration 5 days

Due to Chr coronary disease 1 yr

8. AGE: Years Months Days If less than one day

71	11	20	hr. min.
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Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation retired painter.

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Anslyn.

13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Harry Anslyn.

(b) Address 5963 Wells Avenue.

17. (a) Burial (b) Date thereof 7-25-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? Y.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

While at work _____ (Specify type of place)

(c) Means of injury _____

19. (a) JUL 24 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Chas. Aul (M. D. or other) _____

Address 4952 Maryland Date signed 7-24-45

Dr. Oliver Abel Jr.
4952 Maryland Avenue.
Hours 8.30 A.M. to 12 noon
Telephone Forest 8844

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.....

Clement M. May

Licensed Embalmer No.....

3732

P. O. Address.....

St. Louis

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.