

3. No. 2
M-5-43
5-17-39
I X36671

State File No. _____

FILED OCT 8 1945

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 8321

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:
3972 Parker 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 6 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17/16
(If outside city or town limits, write "RURAL")

(d) Street No. 3972 Parker Ave. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward G. Anthony

3. (b) If veteran, name war _____ 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 Charlotte Anthony 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct. 26th., 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1941
(May) 19____, to 9-23 1945
that I last saw him alive on 9-20 1945
and that death occurred on the date and hour stated above.

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

59 10 27 _____ hr. _____ min.

Immediate cause of death enlargement of heart & possible rupture Duration 6-8 yrs.

Due to Hypertension

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

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Branch Mgr.

Major findings: 95 C. 2

11. Industry or business H. D. Hudson Manfg. Co.

Of operations _____

12. Name William Anthony

Of autopsy _____

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

14. Maiden name Melissa Garrison

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

16. (a) Informant Mrs. Charlotte Anthony

(b) Address 3972 Parker Ave.

17. (a) Cremation (b) Date thereof 9-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 3840 Lindell Blvd.

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 W. P. Mason (M. D. or other) M.D.

Address 1200 S. Big Bend, St. Louis Date signed 9-24-45

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

0
7
9

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Return Here
At the Office of the Registrar

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.