S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7057

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 419

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Robert Koch Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 517 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County [illegible]

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

(d) Street No. 5805 Julian 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ANSLEY, Alwyn

3. (b) If veteran, name war World #1.

3. (c) Social Security No. 497-03-7340

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Kate Ansley

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 9 (Month) 17 (Day) 1897 (Year)

8. AGE: Years 48 Months 5 Days — If less than one day hr. min.

9. Birthplace Bay St Louis (City, town, or county) Mississippi (State or foreign country) 1

10. Usual occupation Oiler

11. Industry or business Busch's Brewery

FATHER
12. Name Myric Emmet Ansley
13. Birthplace Alabama (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Ellen Ulman
15. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

16. (a) Informant Robert Koch Hospital Records

(b) Address Kock Mo

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof FEB. 18. 1946. (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director Calvin B. Bentz

(b) Address 4828 Natural Bridge Blvd

19. (a) 2-19-46 (Date received local registrar) (b) E. D. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1946 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from 9-12, 1944, to 2-17, 1946; that I last saw him alive on 2-16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pulmonary Tuberculosis	2 years
Due to	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Samuel S. Lamendot (M. D. or other)

Address Kock Hosp. - Kock, Mo Date signed 2/17/46

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(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1949

JAN 22 1947

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 Ralph Lindsey

Licensed Embalmer No. X 275

P. O. Address St. Louis Ind

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.