S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2218

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 208

WRITE PLAINLY—USING 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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

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

(d) Street No. 8329 Madison St.
(If rural, give location)

NR

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

If yes, name country

3. (a) PRINT FULL NAME Cecil Antoniella

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John B. Antoniella

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

7. Birth date of deceased Aug. (Month) 11 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	25	hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name James B. Glazebrook
13. Birthplace (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Nellie Hoerner
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Nellie P. Glazebrook
(b) Address 8329 Madison St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur Ill

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JAN 8 1948 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

Railway

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1948 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-6- 1947, to 1-6- 1948;
that I last saw her alive on 1-6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Ac. Pancreatitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations As above

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 U

23. Signature [signature] (M. D. or other)
Address Henry Wolff Bldg Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

. F. Falk,
Humboldt Bldg.,
1 to 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..... Registered Apprentice No....., working under my personal supervision.

Signed.....Albert R. Thompson Jr

Licensed Embalmer No.....4237

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.