

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38468
State File No. 9511

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		a. STATE Illinois		b. COUNTY Madison	
c. LENGTH OF STAY (in this place) 6 days		d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Granite City		d. STREET ADDRESS (If rural, give location) 1204 Ridgedale	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Peter		b. (Middle)		c. (Last) Anton		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 17, 1890		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Bulgaria		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Alice		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 333-03-2936		17. INFORMANT'S SIGNATURE OR NAME Alice Anton	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH MARCH 1949	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS				UNDETERMINED	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) ARTERIOSELEROTIC HEART DISEASE					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR Heart			
22. I hereby certify that I attended the deceased from 9 Nov , 1949, to 16 Nov , 1949, that I last saw the deceased alive on 15 Nov , 1949, and that death occurred at 1:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas W. Parker M.D.			23b. ADDRESS 4660 Maryland, St. Louis, Mo			23c. DATE SIGNED 17 Nov 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 16, 49		24c. NAME OF CEMETERY OR CREMATORY St. Johns		24d. LOCATION (City, town, or county) (State) Granite City Ill.	
DATE REC'D. BY LOCAL REG. NOV 17 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer		ADDRESS Granite City Ill.	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles E. Mercer

Signed.....

Student Embalmer

Licensed Embalmer No.

2988

P. O. Address.....

Granite City

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.