

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9832**
2278

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St. Louis 2189	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3517 PARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSP.			

3. NAME OF DECEASED (Type or Print) ANGELO ANTONA			4. DATE OF DEATH (Month) (Day) (Year) 3-9-51		
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MAR	
8. DATE OF BIRTH 11-2-1892		9. AGE (In years last birthday) 58yr		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	
11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME FRANCES UNKNOWN Angelina Antona		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Angelina Antona 3517 Park	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Epithelioma rt. buccal mucosa with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 2 years 9 mos.	
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19a. DATE OF OPERATION May 8, 1950		19b. MAJOR FINDINGS OF OPERATION Squamous Epithelioma of soft tissue rt. face. 144 x				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall					

22. I hereby certify that I attended the deceased from **17 July**, 1950, to **9 March**, 1951, that I last saw the deceased alive on **8 March**, 1951, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert L. Eisen (Degree or title) M.D.		23b. ADDRESS 216 S. Kingshighway, St. Louis, Mo		23c. DATE SIGNED 9 March 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-12-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo					

DATE REC'D BY LOCAL REG. MAR 16 1951		REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Schner 3125 Lafayette	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2000

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. B. Hollmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4614*

P. O. Address *312 S. Fayette*

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.