

No. 300
10. 48
FILED MAR 22 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10148
State File No. 2246
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10148		Registrar's No. 2246			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis			8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish				d. STREET ADDRESS (If rural, give location) 1849 N. 57							
3. NAME OF DECEASED (Type or Print) Anna			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1951		
5. SEX Female	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15, 1901		9. AGE (In years last birthday) 49	10. MONTHS	11. DAYS	12. HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Troy, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Charles Stepanek			13b. MOTHER'S MAIDEN NAME Mary Sedlacek			14. NAME OF HUSBAND OR WIFE Calvin Green					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Calvin Green			ADDRESS East St. Louis, Ill				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 7 months	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic cancer</u>							
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 196X							
22. I hereby certify that I attended the deceased from <u>Feb 22, 1951</u> , to <u>March 8, 1951</u> , that I last saw the deceased alive on <u>March 8, 1951</u> and that death occurred at <u>10:00</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Dean J. Fox M.D.</u>				(Degree or title) D.		23b. ADDRESS <u>634 N. Grand</u>			23c. DATE SIGNED <u>3-9-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel		24d. LOCATION (City, town, or county) (State) Belleville, Ill					
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1951		REGISTRAR'S SIGNATURE <u>J. B. Hunter</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Burke</u>					
						ADDRESS East St. Louis, Ill					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No..... 2421

P. O. Address East St. Louis, Ill

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.