

S. No. 30
10-48

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10909

4009

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 590

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson	
c. LENGTH OF STAY (in this place) 8 Yrs.		d. STREET ADDRESS (If rural, give location) 10 Kings Court	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Kings Court			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) ANTHONY c. (Last) ANTHONY			4. DATE OF DEATH (Month) (Day) (Year) Mar. 4 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 27, 1879		9. AGE (in years last birthday) 71		10. IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Isaac Beck		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William T. Anthony	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William T. Anthony 10 Kings Court	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Breast		ANTECEDENT CAUSES. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION Ca of Breast		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) 170X	
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?	

22. I hereby certify that I attended the deceased from **July 1949**, to **3-4**, 19**51**, that I last saw the deceased alive on **March 1951**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. DeWitt		23b. ADDRESS 1446 S. Grand		23c. DATE SIGNED 3-5-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 3-6-51		REGISTRAR'S SIGNATURE Nehbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausen 4228 S. Kingshighway Bl.	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

