

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38627

State File No. 10128

318

1003

Registrar's No. 10128

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) _____	2. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2029
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4922 Quincy</u> 0		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anton</u>		b. (Middle) _____	c. (Last) <u>Achs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 30, 1888</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Roumania</u> 6		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Franz Achs</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Achs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Kena Achs</u>		ADDRESS <u>4922 Quincy</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYO-CARDITIS (ACUTE)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 MONTHS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u>				
	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) _____	
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? <u>444X</u>			
22. I hereby certify that I attended the deceased from <u>July 12, 1951</u> , to <u>Nov 12, 1951</u> , that I last saw the deceased alive on <u>Nov 10, 1951</u> , and that death occurred at <u>5:15 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Fred W. Rolling</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>2126 Sidney</u>		23c. DATE SIGNED <u>Nov 14-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 14 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>	

(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

Neville B. Trovatter

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.