

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13598

FILED JAN 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4118

|  |                               |  |                                      |
|--|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis County</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>1820</u> |                                      |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>              |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>9200 Dana Rd. Affton Mo</u>                                    |                               | d. STREET ADDRESS (If rural, give location) <u>9200 Dana Rd. Affton Mo</u>   |                                      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>C.</u> c. (Last) <u>Anton</u> |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1951</u>  |                                      |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)   | 8. DATE OF BIRTH <u>June 22 1885</u> |
| 9. AGE (In years) (Month) (Day) (Year) <u>66 yrs</u>   |                               | 10. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>   |                                      |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>   |                               | 12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>  |                                      |
| 13a. FATHER'S NAME <u>Benjimmann Anton</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Ida Carlie</u>  |                                      |
| 14. NAME OF HUSBAND OR WIFE <u>Caroline Anton</u>  |                               | 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. <u>490-22-7313</u>   |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Caroline Anton 9200 Dana Rd. Affton</u>   |                                      |

|   |  |   |  |   |
|---|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch Myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio Sclerosis</u><br>DUE TO (c) <u>Arteriosclerosis (apoplexy)</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1945</u><br><u>1945</u><br><u>1945</u> |
| 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?  |  |   |

22. I hereby certify that I attended the deceased from 10:30 to 8:55 p.m., 1951, that I last saw the deceased alive on 19, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

|  |   |   |
|--|---|---|
| 23a. SIGNATURE (Degree or title) <u>Hubert P. Smith M.D.</u>             | 23b. ADDRESS <u>5203 Chiffleur</u>                | 23c. DATE SIGNED <u>12/27/51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                 | 24b. DATE <u>12-29-51</u>                         | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>                |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |   |   |
| DATE REC'D BY LOCAL REG. <u>12-27-51</u>                                 | REGISTRAR'S SIGNATURE <u>Hubert P. Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec</u> |

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

500

DR HERBERT SMITH  
5205 CHIPPEWA FL 5200  
12 20 4

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.....  
Student Embalmer

Signed *Jack Haupt*  
Licensed Embalmer No. *4746*

P. O. Address *St. Louis*

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.