

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **9629**Registrar's No. **2299**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/> 25 Kingsbury Place	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) A c. (Last) ANTRIM		4. DATE OF DEATH (Month) (Day) (Year) 3 10 52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 16, 1862
9. AGE (In years last birthday) 89		10. MONTHS 5	11. DAYS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Antrim Lumber Co.	11. BIRTHPLACE (State or foreign country) Middletown, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob G. Antrim	
13b. MOTHER'S MAIDEN NAME Lydia Nalmeyer		14. NAME OF HUSBAND OR WIFE Lola May Antrim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-14-9334	17. INFORMANT'S SIGNATURE OR NAME Glelland A. Antrim-5066 Westminster Place	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 2 wks *This does not mean the mode of dying, such as heart failure, asthma, 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. II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H378	
22. I hereby certify that I attended the deceased from 1944 , to Mar 9, 1952 , that I last saw the deceased alive on Mar 9, 1952 , and that death occurred at 1 A m., from the causes and on the date stated above.			
23a. SIGNATURE Barrett L. Tausig (Degree or title) M.D.		23b. ADDRESS 4500 Olive St.	
23c. DATE SIGNED Mar 11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) entombment	24b. DATE 3-10-52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. MAR 11 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons-7233 Delmar Bly'd.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Barrett Tausig
4500 Olive Street
FO-3806

APR 8 1952

APR 7 1952

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 Melvin L. Kemper

Licensed Embalmer No. 405-2

P. O. Address St Louis, Mo

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.