FILED FEB 2 1954

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2541

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0359

1. PLACE OF DEATH
a. COUNTY ~~City St Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3225 Montgomery 211 9

3. NAME OF DECEASED (Type or Print)
a. (First) LEON
b. (Middle)
c. (Last) ANCELL

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 13, 1954

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0

8. DATE OF BIRTH NOVEMBER 20, 1901

9. AGE (In years last birthday) 52 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY unknow

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ALBERT Ancell

13b. MOTHER'S MAIDEN NAME ANNA MOORE

14. NAME OF HUSBAND OR WIFE Never Mairred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. unknow

17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD
ADDRESS

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) Acute Pyelonephritis c Kidney stones

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Bladder

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 181X

22. *I hereby certify that I attended the deceased from* 12-30-53, *19*____, *to* 1-13-54, *19*____, *that I last saw the deceased alive on* 1-13-54, *19*____, *and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M.D. (Degree or title) 0

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 1-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 1/13/54

24c. NAME OF CEMETERY OR CREMATORY Sikeston Missouri

24d. LOCATION (City, town, or county) (State) Sikeston Missouri

DATE REC'D BY LOCAL REG. 1/13/54

REGISTRAR'S SIGNATURE J Earl Smith MD
MFS

25. FUNERAL DIRECTOR'S SIGNATURE Albritton
ADDRESS Sikeston Mo

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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