

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023081
Stat. File No.

FILED JUL 3 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6482

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 16 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN Desloge Hospital		e. STREET ADDRESS (If rural, give location) 1510 3539 Bingham	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) ANTHONY SR.		4. DATE OF DEATH (Month) (Day) (Year) 6 25 58	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH October 31, 1883
9. AGE (In years last birthday) 74 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARE TAKER	11. BIRTHPLACE (City and State or Foreign Country) ALSACE LORRAINE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARE TAKER		10b. KIND OF BUSINESS OR INDUSTRY No	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph ANTHONY		13b. MOTHER'S MAIDEN NAME Marcella Seiler	14. NAME OF HUSBAND OR WIFE Lena 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. 489-05-7569	17. INFORMANT'S SIGNATURE OR NAME Mrs Lena ANTHONY
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastasis of Cancer INTERVAL BETWEEN ONSET AND DEATH 6 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Squamous cell Ca. of Pharynx 4 yrs		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMACIATION 148x 3 months		19. DATE OF OPERATION	
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) NONE	
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 June 9, 1958, to 6-25-1958, that I last saw the deceased alive on 6-25-1958, and that death occurred at 5:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James W. Walker M.D.		23b. ADDRESS Cardinal Glennon Hospital	
23c. DATE SIGNED 6-25-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 28, 1958	
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. JUN 27 58		REGISTRAR'S SIGNATURE J. Carl Smith M.D. S.P.	
25. FUNERAL DIRECTOR'S SIGNATURE Schumacher's		ADDRESS 3013 Meramec St.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

2017-20-66

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 Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Haupt
Licensed Embalmer No. 4746

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

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