

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033964
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 8701

S. 300
1.-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 Incarnate Word Hosp.		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 6 2911 Abner Pl.	
3. NAME OF DECEASED (Type or print) First Edward Middle P. Last Annis			4. DATE OF DEATH Month 9 Day 6 Year 58		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug 29, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Ind.		11. BIRTHPLACE (City and state or country) Evansville, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Annis		13b. MOTHER'S MAIDEN NAME Agata Irdepska	
14. NAME OF HUSBAND OR WIFE Mary Annis		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. 493-05-6898		17. INFORMANT Address George Annis, 1623 Hogan St.			
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ca of colon with metastasis</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <i>153.8</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Colostomy; Rheumatic Heart Disease</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>July</i> to <i>Sept 58</i> and last saw her alive on <i>9-6-58</i> Death occurred at <i>2:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. Kumbner M.D.</i> (Degree or title)			22b. ADDRESS <i>1005 Big Bend</i>		22c. DATE SIGNED <i>9-8-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>9-10-58</i>		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or country) St. Louis, Mo.		(State)			
24. FUNERAL DIRECTOR Robert D. Kinealy, 2228 St. Louis			25. DATE RECD. BY LOCAL REG. SEP 8 '58		26. REGISTRAR'S SIGNATURE <i>J. Charles Smith MO</i> MJB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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**MS
AUG 21 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harvey Kahle*

Licensed Embalmer No. *4596*
P. O. Address *Massachusetts*

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.