

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006860
STATE FILE NUMBER
2 1533

FILED MAR 2 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		c. CITY OR TOWN <i>ST. LOUIS, MO</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2642 ALLEN AVE</i>		d. STREET ADDRESS (If outside, give location) <i>2642 ALLEN AVE</i>	
Length of stay in lb <i>10 YRS.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>GEORGE — ANTON</i>			4. DATE OF DEATH Month Day Year <i>2-11-1959</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-1-1890</i>
9. AGE (In years last birthday) <i>69</i>		IF UNDER 1 YEAR Months — Days — Hours — Min. —	IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SHIPPING CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RICE-STIX</i>	11. BIRTHPLACE (City and state or country) <i>MT. OLIVE, ILL.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>UNKNOWN</i>	
13b. MOTHER'S MAIDEN NAME <i>MARY - ?</i>		14. NAME OF HUSBAND OR WIFE <i>LORETTA ANTON</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>492-07-4682</i>	
17. INFORMANT <i>MRS. GRACE FISCHER</i>		Address <i>4116 WALSA</i>	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of throat</i> DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>148X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at <i>420A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <i>Patrick J. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>2.13.59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>2-14-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. PAUL CHURCH YARD</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS COUNTY, MO.</i>
24. FUNERAL DIRECTOR ADDRESS <i>HOWARD MICHEL 5930 SOUTHWEST</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 13 '59</i>	26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57
0-50
2351

mjb

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 *V E Morris*

Licensed Embalmer No. *2360*

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

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