

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018467

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1232

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 3 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>St. Louis</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u></p> <p>c. CITY OR TOWN <u>University City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>6435 Bartmer</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>ANNA</u> <u>CANTRELL</u></p>	
<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>April 12 1963</u></p>	
<p>5. SEX <u>female</u></p>	<p>6. COLOR OR RACE <u>white</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>5/12/1884</u></p>
<p>9. AGE (last birthday) <u>78</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Lawrence Hilliard</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Theresa Kaiser</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>late, John T. Cantrell</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u></p>	<p>16. SOCIAL SECURITY NO.</p>
	<p>17. INFORMANT Address <u>Mrs. Theresa Howard 4102 Oakwood Ave</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Bilateral Bronchopneumonia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Apr. 8, 1963</u> to <u>Apr. 12, 1963</u> and last saw her alive on <u>Apr. 12, 1963</u>. Death occurred at <u>1:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>R. G. Jerneman M.D.</u></p>	<p>22b. ADDRESS <u>601 So. Brentwood, Clayton</u></p>
	<p>22c. DATE SIGNED <u>4-13-63</u> (State)</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>4/15/63</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>St. Louis County Mo.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Lupton Chapel, Inc 7233 Delmar Blvd</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>4-13-63</u></p>
	<p>26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u></p>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Arnold W. Schoene

Licensed Embalmer No. 5864

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.