MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41970

File No. 11081

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791 1000

Township ..... Primary Registration District No. 1

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Homer Anthony

(a) Residence, No. 2205 Morgan St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Malinda Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

FATHER

13. NAME L. E. Anthony

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

MOTHER

15. MAIDEN NAME Elsie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 12/14 1932

19. UNDERTAKER (ADDRESS) C. W. McCain 4209 W. Easton

20. FILED DEC 14 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 12-8-, 1932

I last saw him alive on 12-8-, 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

23A

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Chir. pub. Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Cra Smith, M. D.

(Address) City Hospital #2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V.S. No. 2