

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

Do not use this space.

277771

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No.
 City **St. Louis, Mo.** (No. **2621**) **Caroline St.**

File No.
 Registered No. **6786**
 St. Ward)

2. FULL NAME

Officer Luke L. Anthony
 (a) Residence No. **2621 Caroline St.** **27** Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 13-1874**

7. AGE YEARS **59** MONTHS **3** DAYS **20** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Police Officer**
 10. Date deceased last worked at this occupation (month and year) **1930** 11. Total time (years) spent in this occupation **24 yrs**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Patrick Anthony**

14. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Anna Mitchell**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT **Miss Irene M. Mahon** (ADDRESS) **2621 Caroline St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Central Cem.** DATE **August 5, 1933**

19. UNDERTAKER **E. J. Schuur** (ADDRESS) **3125 HAVAYETTE AV.**

20. FILED **1933** **7. Buedick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 2, 1933**

22. I HEREBY CERTIFY That I attended deceased from **Aug 1, 1933** to **Aug 2, 1933**
 I last saw him alive on **Aug 1, 1933** Death is said to have occurred on the date stated above, at **11:30 p.m.**

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

Cerebral Haemorrhage Date of onset **Aug 1-1933**
Myocardial Infarction
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy **Yes**

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? **Yes**
 If so, specify
 (Signed) **E. J. Schuur** M. D.
 (Address) **1446 J. St. St. Louis**

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.

SEP 26 1933

