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

Do not use this space.

File No. 34961
Registered No. 9142

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 23
City St. Louis, Mo. (No. 4614, Wilcox St. ..... Ward)

2. FULL NAME Anton, Baltzer Mr.

(a) Residence, No. 4614 Wilcox Avenue St., / Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? 19 yrs. 3 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaret Paul Anton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seminary
10. Date deceased last worked at this occupation (month and year) October 2, 1933 11. Total time (years) spent in this occupation 7 yrs.

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

FATHER
13. NAME Nicholaus Anton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Margaret Kummel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT Mrs. Margaret Anton
(ADDRESS) 4614 Wilcox

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer DATE October 25, 1933

19. UNDERTAKER Biderwieden Funeral Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED OCT 24 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933 to Oct 22, 1933
I last saw him alive on Oct 22, 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Oct 6
Myocarditis Chronic	1930
95C	
107A	
106A	
Other contributory causes of importance:	
Acute Bronchopneumonia	Oct 14

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) R. Hamilton Youngman, M. D.
(Address) 5439 Gravois

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.

[illegible]

54.31 [illegible]

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6- 7