

NOV 23 1937

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

38714  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 333  
(b) Township Freemason Town Primary Registration District No. 4468  
(c) City St. Louis, Mo. (d) Street No. Highway 99 & 66 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Paul L. Anthony.

(a) Residence, No. Florissant Missouri. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13, 1909

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 10 24

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Picture machine operator  
9. Industry or business in which work was done, as saw mill, bank, etc. operator  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Automobile = Bus Collision  
while driving a great automobile on a public highway which collided with a commercial passenger bus.  
Date of onset 10/7/37

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

Other contributory causes of importance: Fractured Skull 10/7/37

FATHER 13. NAME Julian Anthony.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physic Was there an autopsy? No

MOTHER 15. MAIDEN NAME Stella Reed.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific, Missouri.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 10/7, 1937  
Where did injury occur? Florissant, Mo.  
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs. Julian Gresham Florissant, Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE October 11, 1937

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Auto - Bus Collision  
Nature of injury Fractured Skull

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Pleitach Inc. 5466 Eastern Ave.

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_  
(Signed) John D. Soule M. D.  
(Address) Florissant, Missouri

20. FILED 10-9 1937. W.A. Zeiter Local Registrar.

Rev. C. Smith Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: Homer L. Ponder

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

**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.)**