

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

4932
 Do not use this space.

1. PLACE OF DEATH **RECEIVED 14 1938** / Registration District No. **791**
 (a) County Primary Registration District No. **1003**
 (b) Township
 (c) City **St. Louis, Mo.** (d) Street No. **St. Lukes Hospital** 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 **Anthony O. Piant 530**
 (a) Residence, No. **3733 Laclede** St. **19** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 19, 1889**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Painter**
 9. Industry or business in which work was done, as saw mill, bank, etc. **1st National Bank**
 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) **Eureka Springs Ark.**

FATHER 13. NAME **Frank F. Piant**

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

MOTHER 15. MAIDEN NAME **Addie Crow**

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

17. INFORMANT **Mamie Piant**
 (ADDRESS) **3733 Laclede**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **2/15/38**, 19...

19. FUNERAL DIRECTOR **Edith E. Ambruster**
 (ADDRESS) **4234 Manchester**

20. FILE **FEB 14 1938** **J. F. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/11/38**, 19...

22. I HEREBY CERTIFY, That I attended deceased from **2/5**, 1938, to **2-11-38**, 19...
 I last saw h. u. alive on **2/10**, 1938. Death is said to have occurred on the date stated above, at **4 PM**.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pharynx and Larynx with metastasis to Lungs. Primary seat in Pharynx.
 Date of onset **4-37**
 Other contributory causes of importance: **None**

Name of operation **Toothache** Date of
 What test confirmed diagnosis? **autopsy** 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? **no**
 If so, specify **Louis H. Jones**, M. D.
 (Signed) **Louis H. Jones** (Address) **3730 W. Chicago**

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.

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Florenz Eynck

Licensed Embalmer No. 1284

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.)