

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31129

Do not use this space.

1. PLACE OF DEATH **1850 OCT 12 1938**

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No. Registered No. **8566**
 (c) City **St. Louis, Mo.** (d) Street No. **Faith 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 **9** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ernest Anthony**
 (a) Residence, No. **3699a Olive, St.** 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 28/ 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **9-1-1938** to **9-28-1938**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 3/1906.**

I last saw him alive on **9-28-1938**. Death is said

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	33	4	25	

to have occurred on the date stated above, at **10:30** a.m.
 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. **Filling Station**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Owner**
 10. Date deceased last worked at this occupation (month and year) **Sept. 1938**
 11. Total time (years) spent in this occupation **3 yrs**

Date of onset
9/1/38

Strangulated, Hernia
Tocolmia
Schistos, Liver acute?

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

Other contributory causes of importance:
Tocolmia
Schistos, Liver acute?

FATHER: 13. NAME **Sheffer Anthony**
 14. BIRTHPLACE (CITY OR TOWN) **Athens**
 (STATE OR COUNTRY) **Missouri**

MOTHER: 15. MAIDEN NAME **Grace Mauck**
 16. BIRTHPLACE (CITY OR TOWN) **Revere**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. Anthony**
 (ADDRESS) **3699a Olive, St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Peakville, Missouri** DATE **Oct. 1/ 1938**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe, Inc.**
 (ADDRESS) **4700 Washington Blvd.**

20. FILED **SEP 30 1938**
J. Bredeck
 Local Registrar.

Name of operation **Herniotomy** Date of **9-14-38**
 What test confirmed diagnosis? **Clinical** 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) **Nicholas S. Vitale**, M. D.
 (Address) **3861 St. Louis Ave.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. *1861*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.