

DEC 17 1939 791  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9813**

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Firmin Desloge Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

Vericia A. Antona 535

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female5. Color or White6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Angelo Antona6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased January 11 1889  
(Month) (Day) (Year)

## 8. AGE:

Years 50Months 10Days 5

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Taylorville, Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Abraham Mitchell13. Birthplace Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Elna Wasserbach  
(City, town, or county) (State or foreign country)15. Birthplace Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Angelo Antona(b) Address 1722 Carr17. (a) \_\_\_\_\_ (b) Date thereof 11-18-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Thos J. Finon(b) Address 1519 So Grand19. (a) NOV 17 1939  
(Date received local registrar)(b) J. F. Bradlock  
(Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1722 Carr Street.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16  
year 1939 hour 3 - 40 minute P M.21. I hereby certify that I attended the deceased from June 27, 1932 to Nov. 16, 1939.  
that I last saw her alive on Nov 15, 1939.  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Intestinal Obstruction  
Acute Peritonitis  
 Due to Adeno Carcinoma of  
ovary with abdominal metastases  
and intestinal perforation.

Duration

2 wks  
4 days  
7 yrs  
4 days.

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above diagnoses

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. Lee Schroder (M. D. or other) \_\_\_\_\_Address 2720 Washington Date signed 11-17-39

**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 Howard P. Pawland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo

**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.**