

No. 2
-11-10-39
5-17-39
1 X21422

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13061

State File No.

Registrar's No.

3263

MAY 15 1940

791

1003

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
6807 Nashville Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6807 Nashville Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1940 hour 9:30 minute P.M. M.
21. I hereby certify that I attended the deceased from April 6th 1940
_____ 19____ to April 6 1940
that I last saw him alive on April 6th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocarditis with
Acute Pulmonary Congestion
followed and myocarditis
same caused by Chronic
Myocarditis
Other conditions: Senility
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Frank Anthonis

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Anthonis 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 17th 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Belgium
(City, town, or county) (State or foreign country)

10. Usual occupation Hod Carrier

11. Industry or business retired

12. Name Gene Baptiste Anthonis

13. Birthplace Belgium
(City, town, or county) (State or foreign country)

14. Maiden name Marie Verniglen

15. Birthplace Belgium
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Anthonis

(b) Address 6807 Nashville Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshausen Mortuary
(b) Address 4228 So. Kingshighway

19. (a) APR 9 1940 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

Major findings: _____
Of operations: 930
Of autopsy: _____

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? No

23. Signature Douglas A. [Signature] (M. D. or other) MD
Address 7166 Manchester Ave. Date signed 4/8/40

Douglas A. Ries
7166 Manchester Ave. 2-3
5/13/26

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 Edwin M. Bennett
Licensed Embalmer No. 3024
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.