6. No. 2
-11-10-39
5-17-39
D I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37444

Registration District No. 791 1 Primary Registration District No. 1003 Registrar's No. 9717

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: H. J. Phillips
(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 Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 Walnut Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Saul Anthony

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 67			hr. min.

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Jack Anthony
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mattie ?
15. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant John Williams
(b) Address 3549 Lawton ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Russell Undertaking
(b) Address 2732 Pine Street

19. (a) NOV 27 1940 (Date received local registrar) (b) J. F. Budach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1940 hour 8 minute 40 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull Duration
Syncopal Hemorrhage of Brain
Suffered when struck by Lodge
Due to Truck driven by one
Robert Kamper in front
Due to Hyalent 2632 Market
Due to Ft. about 6135 on Nov. 18
1940

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident
(b) Date of occurrence Nov 18 1940
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury Auto

23. Signature Robert Kerr (M. D. or other)
Address Clayton Mo Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 4112

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.