

AUG 28 1947 91

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: City Hospital
(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) 0

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. 5021 Cabanne
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Constant C. Antoine

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

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

6. (b) Name of husband or wife Lucille Antoine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 29, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Mari Antoine

13. Birthplace France (City, town, or county) (State or foreign country) 5

14. Maiden name Marie Fischer (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Louis M. Antoine

(b) Address 6715 Scanlan

17. (a) Burial (b) Date thereof 7/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUL 18 1947 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

No attending physician MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 11.35 A. Minute _____ 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 _____ Duration
Lobar Pneumonia; Cerebral Thrombosis;
Aortic Stenosis.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN
Of operations _____
Of autopsy _____
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) (a) Means of injury _____
23. Signature Thomas F. Callaway (D. or other) 5
Address Deputy Coroner Date signed 7/18/47

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Thomas Eynck

Licensed Embalmer No. *1284*

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, fact should be so stated above.