

No. 2
-1.4.41
3-17-36
X25390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26260 ✓

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1622

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings, P. Madison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Tiernon's Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00

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

(d) Street No. 2715 Hadley St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert M. Antram

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife late Carrie Antram

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

7. Birth date of deceased July 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 _____

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

10. Usual occupation Retired

11. Industry or business Coffee Roaster

12. Name Jacaway Antram

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

14. Maiden name Carrie Farmer

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

16. (a) Informant Robert Antram

(b) Address 4442 N. Taylor Ave.

17. (a) Burial (b) Date thereof 8-4-'41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Henry Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) AUG 2 - 1941 (Date received local registrar)
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from
March 25, 1941, to July 31, 1941;
that I last saw him alive on July 31st, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chr. Cardia-Vascular-Renal Disease.
Chr. Diabetes Mellitus- Diabetic
due to Gangerene left foot- Chr. Myo carditis.
Secondary Myo-cardial Decompensation - 2 mo.
due to Diabetic Gangerene of left foot- 3 mo.
Diabetic acid poisoning - 1 week
Other conditions Myo cardiac failure - 1 week
(Include symptoms within 6 months of death)

Duration

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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) NO

(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

While at work? NO (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 2715 Jennings, P. Mo. Date signed 8-2-41

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

MOTHER FATHER

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.....

John P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

22235th Locu

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.