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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

ED APR 19 1948
Registration District No. 818

Primary Registration District No. 1006

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

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
122
9

(a) State Missouri (b) County _____

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

(d) Street No. 4848 Hamburg
(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Kantouth

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-03-580

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Genevievé Kantouth

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 29, 1908
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Subdural tearing of brain with laceration + contusion, Basilar - fracture when he broke the window of an automobile driven by one Mrs. Brown, caught by the air substance at Hamburg, T.

Other conditions: fracture of skull for about 4.30 AM. Mar 28/1943
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

Major findings: _____

Of operations: _____

Of autopsy: 170

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name John Kantouth

13. Birthplace Not known Europe 4
(City, town, or county) (State or foreign country)

14. Maiden name Agatha Pacinaites

15. Birthplace Not known Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant Genevievé Kantouth

(b) Address 4808 Hamburg

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 4/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) APR 7 1943 (Date received local registrar) J. F. Andrews (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Mar 29 - 1943

(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? _____ (c) Means of injury Auto

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 4/7/43

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address. *7027 Gravois*

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.