

LE JUL 10 1943

Registration District No. 217

Primary Registration District No. 6076

State File No.

Registrar's No. 1571

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Meramec River 2
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2708 S. 18th Street
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 5:15 minute P M.

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

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

Immediate cause of death Drowned in Meramec River. Duration _____

Due to Drowned.

Due to _____

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

Major findings:
Of operations _____

Of autopsy Yes.

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. 0 96
(b) Date of occurrence July 4, 1943
(c) Where did injury occur? Meramec River
(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? _____ (e) Means of injury _____

Signature Louis H. Boyd (M.D. or other)
Address Kirkwood, Mo. Date signed 7-7-43

3. (a) PRINT FULL NAME Melvin J. Anthony

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-12-0927

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

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

7. Birth date of deceased Jan. 25 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 5 9 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Frt. Handler

11. Industry or business _____

12. Name John Loggins

13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Glas

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Anthony

(b) Address 2708 S. 18th, St. Louis

17. (a) Burial (b) Date thereof 7-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ss. Peter & Paul

18. (a) Signature of funeral director Witt Bros. Mfg Co

(b) Address 2929 Jeff. St. St. Louis Mo

19. (a) JUL 9 1943 (b) C. D. McGowan
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

MAY 29 1958

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.....

Licensed Embalmer No.....

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, fact should be so stated above.