

**FILED** SEP 21 1943 318

1003

8194

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2112 N. 11th. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 47 years (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2112 N. Lith. St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Anna Jones

3. (b) If veteran, none name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Frank Jones 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 14th. 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Frank Vilinski  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Christina Newman  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Jones  
 (b) Address 2112 N. 11th. St.

17. (a) Burial (b) Date thereof 9-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
 (b) Address 2223 St. Louis Ave.

19. (a) SEP 14 1943 (b) [Signature]  
(Date received local) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th.  
 year 1943 hour 8:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 29 1943 to Sept. 12 1943  
 that I last saw h. ER alive on Sept. 11 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma 1 yr.  
 Due to Carcinoma of Rectum. 1 yr.

Due to \_\_\_\_\_  
 Other conditions Hb  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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)  
 (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
 Address 2202 University St. Date signed 9-13-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 20 1948

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**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. Buckholz  
Licensed Embalmer No. 1674  
P. O. Address 3223 St. Louis Ave

**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.**