S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36930

Registrar's No. 9946

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: Firmin Desloge 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months 1 Week (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 11

(c) City or town Collinsville 0 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 602 Vandalia St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME ANNA SHIRUTIS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Antone Shirutis

6. (c) Age of husband or wife if alive About 1882 years

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

8. AGE: Years About 61 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Lithuania 6 (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Lithuania 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Lithuania 6 (State or foreign country)

16. (a) Informant Ceni Shirutis
(b) Address Collinsville, Illinois

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director Zeder J. Kassly
(b) Address 515 Vandalia St., Collinsville, Ill.

19. (a) NOV 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1943 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 15, 1941, to November 13, 1943, that I last saw her alive on November 12, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to General Arteriosclerosis	?
Hypertension	?
Due to	
Other conditions Hypertrophic Arthritis of Hips, (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary Occlusion

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene F. Moore (M. D. or other)
Address 307 E. Main, Collinsville, Ill. Date signed 11/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Herbert A. Kassly

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill.

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.