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FILED FEB 27 1944
Registration District No. 318

Primary Registration District No. 1002

State File No. _____
Registrar's No. 270

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Jefferson Anthony

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Aug. 24 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Union County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name John Anthony

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

14. Maiden name Unknown

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

16. (a) Informant Bert M. Lawrence
(b) Address Dexter, Missouri

17. (a) Burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) JAN 10 1944 (b) J. K. Kneveloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard

(c) City or town Bernie
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1944 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from December
29, 1943 to January 6, 1944;
that I last saw him alive on January 6, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

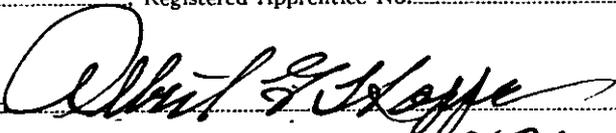
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. Kneveloff (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 1/8/44

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..... 2971

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.