

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16120

FILED MAY 20 1944  
Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 4394

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:  
FIRMIN DESLOGE HOSPITAL  
(If not in hospital or institution, write street number & 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 12

(c) City or town ST. LOUIS 923  
(If outside city or town limits, write "RURAL")

(d) Street No. 1639 CALIFORNIA.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Anton, Lottie

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPH T. ANTON

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. MARCH 15 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	1	26	hr. min.

9. Birthplace SYRIA 8  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN.

12. Name JOSEPH ZENA

13. Birthplace SYRIA 8  
(City, town, or county) (State or foreign country)

14. Maiden name ROSA UNKNOWN

15. Birthplace SYRIA 8  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Anton

(b) Address 1639 California Av.

17. (a) BURIAL (b) Date thereof MAY 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. Peter & Pauls Cem

18. (a) Signature of funeral director E. J. Schurrer

(b) Address 3125 Kalamazoo St.

19. (a) MAY 12 1944 (b) J. F. Budrok  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th  
year 1944 hour 10:40 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 22nd 1944 to May 10, 1944  
(that I last saw her alive on May 10th, 1944)

and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia due to infected stumps following amputation of left thigh

Duration 48 days

Due to Rheumatic H.D. & embolism of aortic

Due to bifurcation mural thrombi in l. atrium

Other conditions infarction of brain system

PHYSICIAN

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

Of autopsy Same as above

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 A. V. Costa (M. D. or other) M.D.

Address Firmin Desloge Hosp. Date signed 5/11/44

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

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.....

*Joseph Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *St Louis mo*

**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.**