

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 29081
8032
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis,
(c) Name of hospital or institution St. Lukes Hospital.
(d) Length of stay: In hospital or institution 9/17/44 to 9/18/44
In this community years, months or days

3. (a) PRINT FULL NAME Laura Antra m.
3. (b) If veteran, 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 Robert M. Antram. 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 11, 1884.

8. AGE: Years Months Days If less than one day
60 2 7 hr. min.

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

10. Usual occupation At. Home.

11. Industry or business House Wife.

12. Name Joseph Buisson.
13. Birthplace France. (City, town, or county) (State or foreign country)

14. Maiden name Phyllis Bey. (City, town, or county) (State or foreign country)

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

16. (a) Informant Robert M. Antram.
(b) Address 4852 Carter Ave.

17. (a) Burial. (b) Date thereof 9/21/44
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) SEP 19 1944 (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St Louis,
(c) City or town St Louis,
(d) Street No. 4852 Carter Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 18 year 1944 hour 6.40 minute P M.
21. I hereby certify that I attended the deceased from Sept 17 to Sept 18, 1944
that I last saw her alive on Sept 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Physician
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature J. M. Keenan (M. D. or other) M.D.
Address 4952 Maryland Ave. Date signed 9/18/44

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

MOTHER FATHER

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 Gustav W. Dietrich
Licensed Embalmer No. 4329
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.