

FILED **DEC 24 1946**
Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **10616**

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **ANTHONY ILS**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **489-01-7682**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Johanna Ils** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **November 14 1887**
(Month) (Day) (Year)

8. AGE: Years **59** Months **0** Days **25** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Stock Clerk**

11. Industry or business **City Sanitarium**

MOTHER FATHER { 12. Name **Alois Ils**

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

14. Maiden name **Marie**

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

16. (a) Informant **Mrs. Johanna Ils**

(b) Address **3817 Ashland Ave**

17. (a) **Burial** (b) Date thereof **12/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Kraeger-Voss, Inc.**

(b) Address **3402 No. Kingshighway**

19. (a) **DEC 11 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1003**

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3817 Ashland Ave**
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **9th**
year **1946** hour **1:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **11/26/46**
_____ 19____, to **12/9/46**, 19____;
and that death occurred on the date and hour stated above.
that I last saw him alive on **12/9/46**, 19____;

Immediate cause of death **CEREBROSPINAL**
MEMBRANOUS MENINGITIS.

Duration

Due to **MEMBRANOUS MENINGOCOCCI**

Due to _____

Other conditions **PYELO NEPHRITIS**
(Include pregnancy within 3 months of death)

PULMONARY INFARCTS.

Major findings:
Of operations _____

PHYSICIAN

Of autopsy **SUBSIDING MENINGITIS;**
PYELO NEPHRITIS; PULMONARY INFARCTS.

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? _____ (c) Means of injury _____

23. Signature **Joseph Borenshteyn** (M, D or other) **12/10/46**
1515 Lafayette Address _____ Date signed _____

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..... *G. W. Wilkinson*
Licensed Embalmer No..... *3575*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.