

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35825**
Registrar's No. **4253**

FILED NOV 4 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES	
c. LENGTH OF STAY (in this place) 15 YRS		d. STREET ADDRESS (If rural, give location) 465 BELLEVUE W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 465 BELLEVUE			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRANCIS c. (Last) ANTHONY			4. DATE OF DEATH (Month) (Day) (Year) OCT 26 1949		
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5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 30-1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY BELL TEL CO		11. BIRTHPLACE (State or foreign country) SALEM MASS!		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME FRANK L ANTHONY		13b. MOTHER'S MAIDEN NAME CHRISTINA SINCLAIR		14. NAME OF HUSBAND OR WIFE JULIA H ANTHONY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Julia H. Anthony		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon with general metastases				INTERVAL BETWEEN ONSET AND DEATH 13 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				153X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		153X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **9-2, 1948**, to **10-26, 1949**, that I last saw the deceased alive on **10-20, 1949**, and that death occurred at **6 PM**, from the causes and on the date stated above.

23a. SIGNATURE Anthony B. Jax M.D. (Degree or title)		23b. ADDRESS 137 W. Washburn		23c. DATE SIGNED 10-27-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-28-1949		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KIRKWOOD MO	
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DATE REC'D BY LOCAL REG. 10-27-49		REGISTRAR'S SIGNATURE Herbert S. Donke		FUNERAL DIRECTOR'S SIGNATURE Walter J. Baker		ADDRESS 2nd Co - Webster Groves Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
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FEB 24 1950

MAR 2 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Leslie Welch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Volusia Springs Fla* _____

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.