

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42827

State File No. 11508  
 Registrar's No. 11508

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2139	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 50 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital		d. STREET ADDRESS (If rural, give location) 5431 Southwest	

3. NAME OF DECEASED (Type or Print) Anton Chatlovsky			4. DATE OF DEATH (Month) (Day) (Year) 12/23/1951		
5. SEX male U		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	
8. DATE OF BIRTH March 3 1886		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Molder		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Roumania (r)	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Chatlovsky		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Helen Chatlovsky		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492-10-0790	
17. INFORMANT'S SIGNATURE OR NAME Helen Chatlovsky		ADDRESS 5431 Southwest			

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arthritis		2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 181X	

22. I hereby certify that I attended the deceased from 12-15, 1951, to 12-23, 1951, that I last saw the deceased alive on 12-23, 1951, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. L. Ziegenhein		(Degree or title) 2nd		23b. ADDRESS 16 Hampton Lane, Plym	
23c. DATE SIGNED 12-27-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/51	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem		24d. LOCATION (City, town, or county) St. Louis, Missouri		(State)	

DATE REC'D BY LOCAL REG. DEC 27 1951		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
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(Licensed Embalmer's Statement on Reverse Side)

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

Wm. H. ...

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Neville B. Frohwitter

Signed.....

Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 7027 Grassie

**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.