S. No. 300
Rev. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22728

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6025

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo.
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnard Fr Skin & Ca

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis 81 20
d. STREET ADDRESS (If rural, give location): 1824 Cleveland St 8

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): R.
c. (Last): Tantype

4. DATE OF DEATH (Month) (Day) (Year): June 24 1952

5. SEX: Female 3
6. COLOR OR RACE: Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Oct. 24. 1915
9. AGE (In years last birthday): 36 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mississippi /
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Robert Bradley
13b. MOTHER'S MAIDEN NAME: Rosie Docier
14. NAME OF HUSBAND ~~OR WIFE~~: Charles Tantype

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: Hospital Record
ADDRESS:

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) obstruction of small intestine, hydrone/hrosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma involving abdominal cavity primary from rectum or ovary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 154X

22. *I hereby certify that I attended the deceased from* June 18, 19 52, *to* June 24, 19 52, *that I last saw the deceased alive on* June 24, 19—, *and that death occurred at* 3 45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Manuel Finer, M.D.
23b. ADDRESS: Barnard Free Skin & Cancer Hospital
23c. DATE SIGNED: 24 June 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 6- 27-52
24c. NAME OF CEMETERY OR CREMATORY: Booker Washington
24d. LOCATION (City, town, or county) (State): East Saint Louis, Illinois

DATE REC'D BY LOCAL REG.: JUN 27 1952
REGISTRAR'S SIGNATURE: J Earl Smith MD MDS
25. FUNERAL DIRECTOR'S SIGNATURE: C. T. Nash
ADDRESS: 3847 Page Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 8432

P. O. Address 3847 Page

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.