

FILED OCT 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33638**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7867**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY OR TOWN <b>Jennings</b> <b>4478</b>	
c. LENGTH OF STAY (In this place) <b>1 YR.</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Mc Anany</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 9 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 19, 1892</b>
9. AGE (In years last birthday) <b>60</b>		if UNDER 1 YEAR <b>9</b> Months <b>20</b> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M. K.T. Rail RD</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Mc Anany</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Barton</b>	
14. NAME OF HUSBAND OR WIFE <b>Loretta Mc Anany</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Loretta Mc Anany</b>		ADDRESS <b>7049 Greenhaven</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Hemorrhagic Pancreatitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Postoperative</b>			
DUE TO (c)			
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Subtotal gastrectomy for postcancer penetrating duodenal ulcer</b>			
19a. DATE OF OPERATION <b>3 Aug 53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Penetrating ulcer, posterior, y duodenum</b>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>541.1</b> (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?			
22. I hereby certify that I attended the deceased from <b>July 1950</b> to <b>9 Aug, 1953</b> , that I last saw the deceased alive on <b>9 Aug, 1953</b> , and that death occurred at <b>6:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Mc Anany</b> (Degree or title) <b>Ms</b>		23b. ADDRESS <b>4500 Olive</b>	
23c. DATE SIGNED <b>11 Aug 53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/13/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>AUG 11 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Buchholz-Koeller</b>		ADDRESS <b>5967 W. Florissant</b>	

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

DEAD

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..... Signature of Student Embalmer

Signed..... Fred J. Farmer

Licensed Embalmer No..... 478

P. O. Address..... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.