

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44063

State File No. 11706

FILED DEC 21 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Glendale 765	
c. LENGTH OF STAY (in this place) WK		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital			
e. STREET ADDRESS (If rural, give location) 1395 No. Sappington Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Mae c. (Last) Amant			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 5, 1884		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Portland Maine	
12. CITIZEN OF WHAT COUNTRY? US.					

13a. FATHER'S NAME James Mullaney		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Jacob Amant	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob J. Amant 1395 No. Sappington	

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) Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 1 day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 600.0	

22. I hereby certify that I attended the deceased from 3-21-18⁴² to 12-10-19⁵³, that I last saw the deceased alive on 12-10-19⁵³, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl J. Kew, M.D. (Degree or title)		23b. ADDRESS 18 S Kingshighway		23c. DATE SIGNED 12-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 14, '53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
24d. LOCATION (City, town, or county) (State) Springfield, Ill.					

DATE REC'D BY LOCAL REG. DEC 11 1953		REGISTRAR'S SIGNATURE Carl Smith		EMBALMER'S SIGNATURE M. J. Croghan		ADDRESS 31 E. Big Bend Bl. Webster Groves 19 Mo.	
--------------------------------------	--	----------------------------------	--	------------------------------------	--	--	--

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

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.....
Licensed Embalmer No. 405
P. O. Address St. Louis
Mo 63110-19

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.