

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45283

State File No. _____
Registrar's No. **12371**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY 69-06 Dale Ave 1			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) St. Louis Mo		c. LENGTH OF STAY (In this place) 13 yrs	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6906 Dale Ave			e. STREET ADDRESS (If rural, give location) 4 6906 Dale Ave. 2049		
3. NAME OF DECEASED (Type or Print) a. (First) ANTON		b. (Middle) —	c. (Last) FATH	4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1953	
5. SEX M	6. COLOR OR RACE O W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 15-1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (City and State or Foreign Country) Hungary 4		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Joseph Fath		13b. MOTHER'S MAIDEN NAME Elizabeth Hinger	14. NAME OF HUSBAND OR WIFE Rose Fath		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 494-09-4604	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Fath 6906 Dale Ave		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension 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.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X		
22. I hereby certify that I attended the deceased from 12/29/53 to 12/30/53 , that I last saw the deceased alive on Dec 29, 1953 and that death occurred at 5:30 p.m. , from the causes and in the date stated above.					
23a. SIGNATURE (Degree or title) J. A. Backlage M.D.		23b. ADDRESS 4724 Bravos		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 24 1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo		
DATE REC'D BY LOCAL REG. DEC 31 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Backlage 6536 Clayton Rd.	

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..... *Paul G. Wachter*

Licensed Embalmer No. *4787*

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.