

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-014736  
State File No. 61

FILED APR 17 1958

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 159		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY JEFFERSON b. CITY OR TOWN JOACHIM TOWNSHIP c. LENGTH OF STAY (in this place) 3485. d. FULL NAME OF HOSPITAL OR INSTITUTION MR. VIEW NURSING HOME				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY c. CITY OR TOWN ST. LOUIS 2179 0 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 4247 FLORA			
3. NAME OF DECEASED (Type or Print) CHARLES a. (First) b. (Middle) A c. (Last) ANTH. SR.		4. DATE OF DEATH APR. 8 1958 (Month) (Day) (Year)		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH DEC. 5, 1862 9. AGE (In years last birthday) 95 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERY STORE 11. BIRTHPLACE (City and State or Foreign Country) FRANCE 12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME IGNATIUS ANTH		13b. MOTHER'S MAIDEN NAME STEIER		14. NAME OF HUSBAND OR WIFE DECEASED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME CHAS. J. ANTH, 140 GRAY AVE ADDRESS WEEDSTON, MO. GAYNES, MO.	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Worse 2 wks.		19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 2 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) (Minute) 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 9-15-58, 1958, to 4-8, 1958, that I last saw the deceased alive on 4-7, 1958, and that death occurred at 3:30 P.M., from the causes and on the date stated above.				23a. SIGNATURE M.D. [Signature] (Degree or title) M.D. 23b. ADDRESS [Signature] Kirkwood, Mo. 23c. DATE SIGNED 4-10-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4-11-58 24c. NAME OF CEMETERY OR CREMATORY ST. PETERS 24d. LOCATION (City, town, or county) (State) KIRKWOOD MO.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] BOPP ADDRESS KIRKWOOD, MO.		DATE REC'D BY LOCAL REG. 4-10-58 REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 16 1958

APR 15 1958

APR 18 1958

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 *Not Embalmed*

Licensed Embalmer No.....

P. O. Address .....

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.