URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 20 1959

59-041862

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210157

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 6 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ALEXIAN BROTHERS
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN: LIGUORI
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): LIGUORI MO
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: BROTHER ANTHONY GEDEON C. SS. R.

4. DATE OF DEATH Month / Day / Year: NOV. 11 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: APR 12 1867

9. AGE (last birthday): 92

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MISSIONARY LAY BROTHER

10b. KIND OF BUSINESS OR INDUSTRY: CHURCH

11. BIRTHPLACE (City and state or country): METZENSEIFER GERMANY

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: UNAVAILABLE

13b. MOTHER'S MAIDEN NAME: UNAVAILABLE

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT / Address: REV. GAYDOS LIGUORI MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Terminal Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — years
DUE TO (c): 450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I attended the deceased from 9-24-59 to 11-11-59 and last saw him alive on 11-11-59

Death occurred at 1:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stephen M. Tapper M.D.

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: Nov 12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: NOV. 12 1959

23c. NAME OF CEMETERY OR CREMATORY: LIGUORI CEMETERY

23d. LOCATION (City, town, or county) (State): LIGUORI MO

24. FUNERAL DIRECTOR / ADDRESS: HEILIGTAG IMPERIAL MO

25. DATE REC'D BY LOCAL REG.: NOV 13 1959

26. REGISTRAR'S SIGNATURE: Hoard Smith M.D. acm

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elmer Heiligtag

Signature of Student Embalmer

Licensed Embalmer No. 3571

P. O. Address Imperia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.