

20 1938

OCT 6 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33347  
Do not use this space.

1. PLACE OF DEATH *St. Louis* 2/ Registration District No. *784*  
 (a) County *St. Louis* Primary Registration District No. *200* Registered No. *1535*  
 (b) Township *Wells*  
 (c) City *Wells* (d) Street No. *6402 Wells Ave* St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Anna Miller* 460  
 (a) Residence, No. *1610 1/2 Franklin Ave* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF *Joseph E. Miller*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 28, 1865*  
 7. AGE YEARS *83* MONTHS *2* DAYS *22* If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation *Life*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Daniphan Missouri*  
 FATHER 13. NAME *James Woodall*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
 MOTHER 15. MAIDEN NAME *Unknown*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *''*  
 17. INFORMANT (ADDRESS) *Joseph E. Miller 1610 1/2 Easton Ave.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethania Cem* DATE *9-2-1* 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Brimmer Funeral Home House Springs Mo*  
 20. FILE *SEP 20 1938* *J. R. Meyer M.D.P.H. Local Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 19* 19 *38*  
 22. I HEREBY CERTIFY, that I attended deceased from *July 5* 1938 to *Sept 19* 1938  
 I last saw him/her alive on *Sept 19* 1938 Death is said to have occurred on the date stated above, at *1:25* P.M.  
 The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia 2 days*  
*Chronic Myocarditis 3 yrs*  
 Date of onset *108*  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify *no*  
 (Signed) *J. R. Meyer*, M. D.  
 (Address) *1336 Franklin*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Howard P. Rowland*

Licensed Embalmer No.....

*2114*

P. O. Address.....

*Shorris, Mo.*

**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 this body is not embalmed, above space should be left blank.**