C 6 - 1938

REC'D JAN 6 1939

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

44474
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Co. 3 Registration District No. 784
(b) Township 1 Primary Registration District No. 200 Registered No. 2000
(c) City Pin e Lawn (d) Street No. Mother of Good Council Home 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 Ann a B. Miller
(a) Residence, No. Mother of Good Council Home St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F emale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Madison Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): J uly 26-1863
7. AGE: YEARS 75 MONTHS 4 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: ret. house-wife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 0

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un known 9

17. INFORMANT (ADDRESS): Mrs. An na D. Miller 7242 N orthmore Drive.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE Dec. 8, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alexander and Sons 6175 Delmar Blvd.
20. FILED DEC 6 - 1938 T R Meyer M D Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 6. 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/1/38, 19, to Dec. 6, 1938, 19
I last saw her alive on Dec. 6, 1938 Death is said to have occurred on the date stated above, at 4.20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	?
Myo-Carditis.	?
Endo-Carditis.	?
Aortic insufficiency. 92	?

Other contributory causes of importance: Apoplexy
Cerebral Hemorrhage. Left side. 10/38
Complete Hemiplegia- right side
Uremia and Uremic coma. 11/1/38

Name of operation None Date of --
What test confirmed diagnosis? History, clinical and Lab. 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
(Signed) Dr. Luke B. Turner M.D., M. D.
(Address) 3718 Jennings Rd. St. Louis, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Firmens Hosp
and return to

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, J. Wm Binkley, or by

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

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis 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.