

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9261

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2744

1. PLACE OF DEATH:

- (a) County St. Louis
- (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
4975 Reber Place.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

(In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME ANNA LAURIE MILLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Francis A. Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 26 1878  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fredricktown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Felix Slater 18. Birthplace Fredricktown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bell Berrymann

15. Birthplace Fredricktown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Slater  
(b) Address 7030 Pershing Ave

17. (a) cremation (b) Date thereof March 25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd. St. Louis

19. (a) MAR 25 1940 (Date received local registrar) J.F. Bieder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_
- (c) City or town St. Louis 13  
(If outside city or town limits, write "RURAL")
- (d) Street No. 4975 Reber Place  
(If rural, give location)
- (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22  
year 40 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from 3-20-40  
3- 1940 to 3-22 1940  
that I last saw her alive on 3-22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Arteriosclerosis  
Hypertension

Due to Stroke

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arnold B. Klein (M. D. or other) \_\_\_\_\_  
Address 2632 S. Kingshighway Date signed 3/23/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

277A

277A

1 P.M.

2632 S. Kingshighway  
La-7475

Mr. Dean Steen

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

*Don K. Muschany*

Registered Apprentice No. *219*

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

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.