S. No. 2
M—2-43
7. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35359

FILED NOV 29 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9698

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4922 Lilburn Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4922 Lilburn Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Happley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Joseph Happley

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 23 (Day) 1872 (Year)

8. AGE: Years 73 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Sheboygan (City, town, or county) Wisconsin / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Millinger
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Clara Haas
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joseph Happley
(b) Address 4922 Lilburn Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) NOV 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6
year 1945 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 12 1945 to Nov 6 1945
that I last saw her alive on Nov 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial hemorrhage
Due to Arterial sclerosis and
Due to Hypertension

Duration (da.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 5014 Phelps Date signed 11-7-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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, fact should be so stated above.