

11441

State File No.

2255

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Months
 (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4725 Alexander
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Annie Miller

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 14 1885
 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Hancock
 13. Birthplace Europe
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Paul Miller

(b) Address 4725 Alexander

17. (a) Burial (b) Date thereof 3/7/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) MAR 8 1946 (b) F. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
 year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1945
 19 to March 19 46
 that I last saw him alive on Mo. 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Urinary

Due to 52

Other conditions Ascending
renal infection
 (Include prosequency within 3 months of death)

Major findings:
 Of operations above
 Of autopsy above

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?

While at work? (Specify type of place) (e) Means of injury
 Signature W. H. Moore (M. D. or other)
 Address 729 Union Bltz Date signed 3/7/46

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

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.....

J. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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.