

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

12537

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 554

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr - 9 mos - 9 days
In this community 1 yr - 9 mos - 9 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lou Anney Mibker
(b) If veteran No (c) Social Security name No
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 22 year 1947 hour 12 minute 2 M.
21. I hereby certify that I attended the deceased from Jan 1st 1947 to 4-22 1947
and that I last saw her alive on 4-27 1947
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerosis Duration 1 wk
both lungs

8. AGE: Years 86 Months 7 Days 9 If less than one day _____ min.
9. Birthplace Lancaster Mo
(City, town, or county) (State or foreign country)

Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 108

10. Usual occupation None
11. Industry or business _____
12. Name Nathaniel Mifflin
13. Birthplace Lancaster Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brinkley
15. Birthplace Lancaster Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Rev. Paul Brinkley
(b) Address 309 N. Broadway E. St. Louis Mo
17. (a) No (Burial, cremation, or removal) (b) Date thereof 7-22-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Englewood Springs Mo
18. (a) Signature of funeral director E. Claude Brinkley
(b) Address Englewood Springs Mo
19. (a) 4-22-47 (b) E. C. Brinkley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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) _____
Means of injury _____
23. Signature E. C. Brinkley (M.D. or other) _____
Address State Hospital # 2 Date signed 4/27 1947

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

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

B. J. Joseph, M.D.

