

S. No. 300  
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I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED APR 30 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **14449**  
**3715**  
Registrar's No. \_\_\_\_\_

Registration District No. **310** Primary Registration District No. **1003**

**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:  
**Peoples Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 weeks**  
(Specify whether \_\_\_\_\_)  
In this community **Life**  
(years, months or days)

3. (a) PRINT FULL NAME **Annie Mills**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Allen Mills** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unavailable 1895**  
(Month) (Day) (Year)

8. AGE: Years **Abt. 53** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Cape Girardeau, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Matron**

11. Industry or business **Administration Center**

12. Name **William Martin**

13. Birthplace **Nashville, Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **Cora McClellan**

15. Birthplace **Nashville, Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Susie Martin**  
(b) Address **38 N. Hanover St. Cape Gir.**

17. (a) **Removal** (b) Date thereof **4/20/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cape Girardeau, Missouri**

18. (a) Signature of funeral director **Chas. J. Gates**  
(b) Address **4107 Finney Avenue**  
**APR 19 1948** (Date received local registrar)

19. (a) **J. T. Gudack** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **1325 N. Whittier Avenue**  
(If rural, give location) **9**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **16**  
year **1948** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 22**, 1948, to **April 16**, 1948  
that I last saw her alive on **April 16**, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**  
Due to **Carcinoma of rectum**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **H6**

Major findings: Of operations **Combined Perineal abdominal resection**  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (Means of injury) **0**

23. Signature **J. T. Gudack** (M. D. or other) \_\_\_\_\_  
Address **822 1/2 N. Jefferson Ave** Date signed \_\_\_\_\_

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

MOTHER FATHER

*msd*

**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.....

John K. Cunningham....., Registered Apprentice No.....

working under my personal supervision.

Signed *John K. Cunningham*  
Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.**