

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Wbr. J. Miller
 State File No. 21646
 Registrar's No. 1475

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10,317 Oak Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 10-Years

3: (a) PRINT FULL NAME Anna Jordan Umstadd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Allen 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Nov. 22 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Charle Jordan
 13. Birthplace Monroe City Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice McClintock
 15. Birthplace Monroe City Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Allen Umstadd
 (b) Address 10,317 Oak Ave-Overland-14-Mo.

17. (a) Burial (b) Date thereof 6/14/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Baumann Brothers and Co Mo
 (b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 6-14-48 (b) Geala Umstadd
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Overland 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10,317 Oak Avenue 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 7, 1948 to June 10, 1948
 that I last saw him alive on June 10, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration 1 Mo.
 Due to _____
 Due to 940

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature A. J. Miller M.D. (M. D. or other) _____
 Address 1271 Midland Date signed 6-14-48

MAR 21 1949

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14

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.