#88020
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24539

Primary Registration District No. 1003

Registrar's No. 6605

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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)

In this community

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. 3507 ½ CHEROKEE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANNA MILLS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN MILLS

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased APRIL (Month) 16 (Day) 1883 (Year)

8. AGE: Years 65 | Months 3 | Days 10 | If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name MAXMILLIAN NIESS

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name MARY HATZ

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

16. (a) Informant JOHN MILLS

(b) Address 3507½ CHEROKEE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois

19. (a) JUL 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1944 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 7/20/48, 19..., to July 26th, 19 48 that I last saw her alive on July 26th, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	5 days
Due to Generalized arteriosclerosis	5 years
Due to Diabetes mellitus	5 years.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 W. W. Arnold, M.D. (M. D.) 7/26/48

Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4347

P. O. Address 2906 Drave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.