

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27043**  
Registrar's No. **6939**

Registration District No. **791**

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:  
**5902 Michigan 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **Mildred V. Anthony 535**  
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 **widowed**  
6. (b) Name of husband or wife **W. Anthony** 6. (c) Age of husband or wife if alive **20** years  
7. Birth date of deceased **Jan. 20 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Richard Harrison**  
18. Birthplace **Georgia**  
(State or foreign country)  
14. Maiden name **Kittie Dyer**  
(City, town, or county) (State or foreign country)  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mare Anthony**  
(b) Address **5902 Michigan Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 16 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Russell Und. Co.**  
(b) Address **2732 Pine Street**

19. (a) **AUG 16 1940** (b) **J.P. Bredeck**  
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5902 Michigan Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **13<sup>th</sup>**  
year **1940** hour **4** - minute **A.M.**  
21. I hereby certify that I attended the deceased from **Aug 11**  
1940, to **Aug 13**, 1940  
that I last saw her alive on **Aug 13**, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Exhaustion**

Due to **Valvular heart-disease**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **W.P. Christian** (M. D. or other) \_\_\_\_\_  
Address **117 Jefferson Ave** Date signed \_\_\_\_\_

DURATION **24 hrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Dr. Christman*

**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

*Joel Russell*

Licensed Embalmer No. \_\_\_\_\_

*4112*

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, above space should be left blank.**