

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 30350  
Registrar's No. 7627

Registration District No. 791 Primary Registration District No.

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution 2104 Eugenia  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Angeline Mills

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 16 1861

8. AGE: Years 79 Months 9 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Nil.

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

MOTHER, FATHER { 12. Name Fred Jackson  
13. Birthplace Unknown  
14. Maiden name Mary Lane  
15. Birthplace Unknown

16. (a) Informant Lethia Robinson  
(b) Address 3229 S. 21 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 1940  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. T. Harney  
(b) Address 2829 Washington Ave.

19. (a) SEP 11 1940 (Date received local registrar) (b) J. P. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2104 Eugenia  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 40 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from my. 30 1940 to Sept 6 1940 that I last saw her alive on Sept 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris myocarditis  
Due to \_\_\_\_\_

Other conditions g & a  
(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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature W. L. Moore (M. D. or other) Address 1418 Franklin Date signed 9-40

Duration

6 days  
1 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Melvin Blackman

Licensed Embalmer No. 3962

P. O. Address 2829 Washington

**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.**