

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24-117

State File No.
Registrar's No. **6493**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (for this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 5351 Delmar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital		2129 0	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) _____ c. (Last) Mills			4. DATE OF DEATH (Month) (Day) (Year) 7-26-55		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Jan. 8-1869	9. AGE (In years) 86	IF UNDER 1 YEAR Months 0 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF WHA COUNTRY? U.S.A.					

13a. FATHER'S NAME George Hunter		13b. MOTHER'S MAIDEN NAME Elizabeth Watkins		14. NAME OF HUSBAND OR WIFE Abraham Lincoln Mills, Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri ADDRESS 5351 Delmar	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 Yr.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension	
		DUE TO (c) _____		4 Yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 4-27-, 19 51 to 7-26-, 19 55, that I last saw the deceased alive on 7-26-, 19 55, and that death occurred at 10.05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 508 N. Grand Ave.,		23c. DATE SIGNED 7-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/28/55		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	
				24d. LOCATION (City, town, or county) (State) Commerce Missouri	

DATE REC'D BY LOCAL REG. JUL 28 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen A	
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3.12 (Licensed Embalmer's Statement on Reverse Side)

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

300
4a

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.....

Student Embalmer No.

Working under my personal supervision.

Student
Student Embalmer

Signed... *Bernhard K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address *St Louis 4 Mo*

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.