MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

39494

File No.
Registered No. 11684

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis Missouri (No. 500 So Kingshighway St. Louis Childrens Hospital St.) Ward)

2. FULL NAME Millard Lee True

(a) Residence. No. 53 Dade Ave St., 12 Ward. Ferguson Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-19-24

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
7	8	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) child
(c) Name of employer child

9. BIRTHPLACE (CITY OR TOWN) Ferguson
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Harry L. True
11. BIRTHPLACE OF FATHER (CITY OR TOWN) La Platte
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Virginia Shackelford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montgomery City
(STATE OR COUNTRY) Missouri

14. INFORMANT S. Allison
(Address) 500 So Kingshighway

15. FILED NOV 23 1931 Max C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22- 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-8- 1931, to 11-22- 1931, that I last saw h. c. alive on 11-22- 1931, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic infection of throat non diphtheritic 1 wk
115 lbs 31 yrs. 14 ds.

CONTRIBUTORY (SECONDARY) Septicemia streptococcic (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED Abscess of lung. Streptococcic infection cause of abscess
IF NOT AT PLACE OF DEATH, IF ANY Home

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-12-31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? operation, laboratory and autopsy

(Signed) Lawrence Goldman (Address) St. Louis Children's Hospital

11-22 1931

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cem	11-24 1931
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch Inc	5966 Easton

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2.