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.

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

Do not use this space.

14618

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St Louis (No. 3233 Pine st ..... St. ..... Ward)

File No. .....

Registered No. 4006

2. FULL NAME Geneva Mills

(a) Residence, No. 3233 Pine St., 21 Ward.
(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 Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Abt YEARS 47 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Louise Delaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri

17. INFORMANT (ADDRESS) Chas A. Mills 3233 Pine st

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cem. DATE 4/25/ 1932

19. UNDERTAKER (ADDRESS) Peoples Undt Co. 3100 Franklin Ave.

20. FILED APR 23 1932 Max Cohen Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/24 1931, to 4/21 1932

I last saw her alive on 4/20/ 1932 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation & Failure	10/24/31
Multi Valvular Heart Disease	

Other contributory causes of importance:

Chronic Myocarditis	10/24/31
Chronic Nephritis	
Mitral Regurgitation	

Name of operation ..... Date of .....

What test confirmed diagnosis? (1) Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George T. Mehan M.D.

(Address) 1006 So Jefferson

VRC 1015. 4/22/32