

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

Do not use this space.

42162

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. City Hospital)  
16093 George Miller

File No.....  
Registered No. 11234  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. 50210 Kennerly Ward 1 ✓  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>8</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Receiving Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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 Mo

13. NAME Henry Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Sarah

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Blorp Inf City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredens DATE 12-30 1933

19. UNDERTAKER (ADDRESS) N. A. Stock Wood Co  
2017 E Grand Blvd

20. FILED DEC 29 1933 J. H. Budeck Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1933 to 12/27 1933  
I last saw him alive on 12/27 1933 Death is said to have occurred on the date stated above, at 11:30 m.  
The principal cause of death and related causes of importance were as follows:

Chr Myocarditis  
Cardiac Decompensation  
Date of onset

Other contributory causes of importance:  
Chr Nephritis  
131  
936  
958

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... 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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) H. H. Wood M. D.  
(Address) City Hosp

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.

JAN 20 1934

