

FEB 8 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3956 Mc Donald in St. _____ Ward _____
Registered No. 1321

7670

2. FULL NAME

Harry G. Mills
(a) Residence, No. 3956 Mc Donald St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Verma Mills</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 - 1891</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant Comp Store</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Owner</u>	
	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) <u>St. Vernon Ill.</u>		
MOTHER	13. NAME <u>Verma Mills</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME "	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "	
17. INFORMANT (ADDRESS) <u>Mrs Verma Mills</u> <u>3956 Mc Donald</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>Feb 5</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>P. E. Bro</u> <u>302 1/2 Lafayette Ave</u>		
20. FILED FEB - 5 1936 <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from February 2nd, 1936 to _____, 19____
I last saw him alive on Feb. 2nd, 1936. Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:
Coronary embolism
Other contributory causes of importance:
Hemophilic
Name of operation..... Date of.....
What test confirmed diagnosis? All usual Was there an autopsy? No.....

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) J. F. Bredeck, M. D.
(Address) 2278 S. Jefferson

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.

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N. E. Con

Jeffersonian Standard