

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis Missouri. (No. 5861 Delmar Blvd.,

Registration District No. 791

Primary Registration District No. 1008

File No. 25571
Registered No. 6745
St. Ward

2. FULL NAME

Elle R. Mills
(a) Residence, No. 5603 Delmar Blvd., St. 5 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. J. Mills		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1871		
7. AGE	YEARS 65	MONTHS 10
	DAYS 8	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
	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) McCracken County Kentucky.
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13. NAME John Rudolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCracken County Kentucky

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McCracken County Kentucky

17. INFORMANT J. J. Mills (ADDRESS) 4837 Palm Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Bardwell Kentucky DATE July 15, 1937

19. UNDERTAKER Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid Ave.

20. FILED JUL 13 1937 J. F. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1937 to 7-12-1937

I last saw h.r.t. alive on 6-14-1937 Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Date of onset

Chr. Myocarditis
Chr. Bronchectasis
Chr. Arteriosclerosis

Other contributory causes of importance:

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) Carl J. Brien M. D.

(Address) 3700 Washington

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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