

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

32882

Do not use this space.

Registered No. 8936

1. PLACE OF DEATH **Homer G Phillips Hospital**

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601 N Whittier** St.
 (e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Millie Jones**

(a) Residence, No. **2313 Clarke** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **unknown**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 11, 1882**
 7. AGE YEARS **55** MONTHS **10** DAYS **18** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **factory work**
 9. Industry or business in which work was done, as 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) **Mississippi**
 (STATE OR COUNTRY)

FATHER 13. NAME **Wilson Brown**

14. BIRTHPLACE (CITY OR TOWN) **Mississippi**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Leanna Randle**

16. BIRTHPLACE (CITY OR TOWN) **Mississippi**
 (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Road** DATE **9-25** 1937

19. FUNERAL DIRECTOR **Richardson**
 (ADDRESS) **2601 N Whittier**

20. **SEP 24 1937** 19 **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 19** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **June 4**, 19 **37**, to **Sept. 19**, 19 **37**

I last saw her alive on **Sept. 19**, 19 **37**. Death is said to have occurred on the date stated above, at **6:45 m. p.m.**
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease

Date of onset **9/19/37**

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **clinical** 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) **W. Harris** M. D.
 (Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, W. D. Richardson, Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

W. D. Richardson

Licensed Embalmer No. 2928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)