

27878

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

RECORDED SEP 14 1939 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7378

1. PLACE OF DEATH: **1003**

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 5022 Maple Ave.

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis

(d) Street No 5022 Maple Ave.

(e) If foreign born, how long in U.S.A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Harold Eugene Mills **420**

3. (b) If veteran, name war None

3. (c) Social Security No. 486-14-0697

20. DATE OF DEATH: Month August day 24 year 1939 hour 10 minute 30 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lura 6. (c) Age of husband or wife if alive 3.5 years

7. Birth date of deceased December 30 1902

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

Due to Chronic Endocarditis

Due to \_\_\_\_\_

9. Birthplace Centralia Illinois

Other conditions (include pregnancy within 3 months of death) 131

10. Usual occupation Salesman

11. Industry or business Specialities

MOTHER FATHER

12. Name Elbridge Mills

13. Birthplace Vandalia Illinois

14. Maiden name Catherine Jones

15. Birthplace Salem Illinois

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Lura Mills

(b) Address 5022 Maple Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-28-39

(c) Place: burial or cremation Lake Charles

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director A. M. L. & H. Co.

(b) Address 2707 N. Grand Blvd.

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(c) Cause of injury \_\_\_\_\_

19. (a) AUG 27 1939 (b) J. B. Braddock

23. Signature Alfred Terry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 8-26-39

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *26.311*

P. O. Address *2707-N. Grand*

**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.)**

**If this body is not embalmed, above space should be left blank.**