

STANDARD CERTIFICATE OF DEATH

5072

State File No.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1902

FILED MAR 12 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Nathan Dale Millian

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 27 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 25 hr. min.

9. Birthplace Mills Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Dewey Millian
13. Birthplace Mills Springs Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Moss
15. Birthplace Mills Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dewey Millian
(b) Address Mills Springs, Mo.

17. (a) Removal (b) Date thereof 2-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mills Springs, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 25 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Mills Springs
(If outside city or town limits, write "RURAL") NR

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 23
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertension of right kidney

Due to _____

Chronic congestive failure of left kidney

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of left kidney

Of operations _____

Of autopsy 51

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

While at work? _____ (Specify type of place) (M. D. or other)

23. Signature Albert H. Hoppe (M. D. or other)

Address 4700 Washington Ave. Date signed 2-24-40

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 Guy W Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

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.