

JUL 11 1942 **791**

Registration District No. ....

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days**  
In this community **24 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1801 Division St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Irene Camp Mills**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **F** 3 5. Color or race **C** 6. (a) Single, widowed, married, divorced, **SINGLE**

6. (b) Name of husband or wife **Mills** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year) **1908**

8. AGE: Years **34** Months Days If less than one day hr. min.

9. Birthplace **East St. Louis Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business

12. Name **Edward Gosley**  
13. Birthplace **UNK. N.W.M.** (City, town, or county) (State or foreign country) **Penn.**  
14. Maiden name **WELLEN** **unknown**  
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **Penn.**

16. (a) Informant **Clarence Camp**  
(b) Address **2102 S. Fall St.**

17. (a) **BURIAL** (b) Date thereof **7-11-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **POTTER'S FIELD**

18. (a) Signature of funeral director **A. F. WALTON**  
(b) Address **277 S. STODDARD ST.**

19. (a) **JUL 11 1942** (b) **J. F. Brudeak**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5,** year **1942** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **June 24,** 19 **42** to **July 5,** 19 **42,** that I last saw her alive on **July 5,** 19 **42,** and that death occurred on the date and hour stated above.

Immediate cause of death **Ca: of Cervix** Duration **8 mos.**

Due to.....  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
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) (e) Means of injury.....

23. Signature **E. L. Dickson** (M. D. or other).....  
Address **2601 S. Butler** Date signed **7/7/42**

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

106  
17  
9

MOTHER FATHER

**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.....

*Arthur R. Hilliard*

Licensed Embalmer No.....

*4221*

P. O. Address.....

*2649 Delmar Rd*

**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, fact should be so stated above.**