

S. No. 2  
M-5-42  
5-17-39  
PI X335

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

318 STANDARD CERTIFICATE OF DEATH 3

State File No. 23287  
Registrar's No. 6829

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

FILED AUG 7 1943

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: Firmin DesLoge Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Marion  
(c) City or town Centralia  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No) 2  
If yes, name country

3. (a) PRINT FULL NAME Millmaker, Paul

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

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

6. (b) Name of husband or wife Betty Millmaker 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased March 18 1911 (Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Poplar Bluff Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Radio Technician

11. Industry or business Radio

12. Name Jake Millmaker

13. Birthplace Earls Park Indiana (City, town, or county) (State or foreign country)

14. Maiden name Hattie Smith

15. Birthplace Greenville Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Betty Millmaker

(b) Address Centralia, Illinois

17. (a) Removal (b) Date thereof 7/28/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc (b) Address 4700 Washington Blvd.

19. (a) JUL 29 (b) (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from 6-10-43 to 7-27-43 that I last saw him alive on July 27th and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Sepsis 10 days

Due to Septic impact of spleen resulting from

Due to an abscess of the non-Falciform

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Splenectomy and abscess was present. Of autopsy

Duration 10 days 2 mo's  
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 R. J. McGinnis (M. D. or other) Address Firmin DesLoge Hospital Date signed 7-27-43

