

FILED OCT 9 1943 17

Registration District No. 1943 17

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 BIG BEND RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 14 XRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES 096
(If outside city or town limits, write "RURAL")
(d) Street No. 311 W BIG BEND RD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES HOWARD MILLS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATIE MILLS 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased DECEMBER-31-1985
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 2 _____ hr. _____ min.

9. Birthplace RUTLAND VERMONT
(City, town, or county) (State or foreign country)

10. Usual occupation BOY SCOUT EXECUTIVE

11. Industry or business ST. LOUIS COUNCIL BOY SCOUTS

12. Name BENJIMAN FAY MILLS

13. Birthplace UNKNOWN NEW JERSEY
(City, town, or county) (State or foreign country)

14. Maiden name MARY HILL

15. Birthplace UNKNOWN S. DAKOTA
(City, town, or county) (State or foreign country)

16. (a) Informant Matie C. Mills

(b) Address 311 W. BIG BEND RD. W.G.

17. (a) BURIAL (b) Date thereof OCT-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) 10-5-43 (b) C. J. McClary, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd -
year 1943 hour 8:00 minute 30 AM

21. I hereby certify that I attended the deceased from Jan - 1938, to Oct - 2nd 1943
that I last saw him alive on Sept 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis (myocardial damage) Duration 5 years
Due to: Coronary occlusion 2 years
Diabetes Mellitus 4 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61 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 H. A. ... (M.D. or other) Address 17 E. Lockwood Date signed 10/9/43

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

96
7
4

7107

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 *L. C. Caldwell*.....

Licensed Embalmer No. 1332.....

P. O. Address *Webster Groves Mo*.....

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.