. No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 - 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32580

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. July 17, 1943 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4042 W. Belle Place
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Louis J. Mills
3. (b) If veteran, name war World War #1
3. (c) Social Security No. none.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Bessie J.
6. (c) Age of ~~husband or~~ wife if alive 58 years
7. Birth date of deceased October (Month) 20, (Day) 1880 (Year)

8. AGE: Years 62 Months 11 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Postoffice Clerk.
11. Industry or business Postoffice Dept.
FATHER
12. Name Louis C. Mills
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)
16. (a) Informant M. Schulig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks
18. (a) Signature of funeral director J.H. Randle & Son
(b) Address 3133 Bell Avenue
19. (a) SEP 30 1943 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th, year 1943 hour 3:05 minute a. M.
21. I hereby certify that I attended the deceased from July 17, 1943 to Sept. 24, 1943; that I last saw him alive on Sept. 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of prostate with metastases to retroperitoneal and left inguinal
~~Due to~~ lymph nodes. — Unknown.
~~Due to~~ -
Coronary arteriosclerotic heart disease with mitral valvular
Other conditions (Include pregnancy within 3 months of death) damage — Unknown.
Bronchitis, chronic. — Unknown.
Major findings:
Of operations No operation.
Of autopsy No 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) no
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Manner of injury
23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer, Vet. Adm. Fac, Jeff. Bks., Mo. Date signed 9/24/43

(Licensed Embalmer's Statement on Reverse Side)

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OCT 25 1943

OCT 1 1943

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 S. J. Watson

Licensed Embalmer No. 249 P

P. O. Address 2749 Chartered

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.