

FILED MAY 3 1945

318

Primary Registration District No. 1003

Registrar's No. 3678

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(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 4 days  
(Specify whether  
In this community 30 years  
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. 1127 N. 21st St.  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Beatrice Mills

3. (b) If veteran, name war. no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive 4 years (Day) (Year)

7. Birth date of deceased Sept. 4, 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 15  
If less than one day hr. min.

9. Birthplace Newport Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business .....

MOTHER FATHER { 12. Name George Anderson  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Harvey  
(b) Address 1127 A. North 21th. Street

17. (a) Burial (b) Date thereof April 25, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director: Dement & Son  
(b) Address 2629-31 Cole Street

19. (a) APP 25 1945 (b) J. Z. Breda  
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19, year 1945 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 15, 1945 to April 19, 1945; that I last saw him alive on April 19, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration Unk.

Due to .....  
Due to .....  
*J. Z. Breda*

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 B. J. Murphy (M. D. or other) 11/19/45  
Address 2601 W. Hunter Date signed

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

**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.....

*W. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

**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.**