. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28901

FILED SEP 14 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7565

**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:
4211 Hunt ( Rear )
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4311 Hunt (Rear)
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Louise ( Lulu) Mills

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEmale

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Mills

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 13, 1885
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 7 | 8 | hr. min. |

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Samuel Whitworth
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Christena Gudermuth
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Christena Whitworth
(b) Address 4211 Hunt ( Rear )

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) SEP 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Aug day 31
year 1946 hour 1 minute 02 A.M.

21. I hereby certify that I attended the deceased from June 1944, 19 to Aug 31, 1946;
that I last saw her alive on Aug 30, 1946;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Aortic stenosis & Anaemia | 4 yrs |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

92

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?
— (Specify type of place)

While at work? — (e) Means of injury

23. Signature Pierre M. Brossard Jr. O. (M.D. or other)
Address 3500 Cambridge Maplewood Mo. Date signed 8/31/46

(Licensed Embalmer's Statement on Reverse Side)

(BROSSARD)

## 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.....

Licensed Embalmer No. 1284

P. O. Address St. Louis, 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.**