

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 11-18-46
(Specify whether years, months or days)

In this community 37 years

3. (a) PRINT FULL NAME Mills, Allen

3. (b) If veteran, name war World I

3. (c) Social Security No. 429 03 8571

4. Sex Male 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 15, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>10</u>	<u>21</u>	hr. min.

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

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER

12. Name John Mills

13. Birthplace Louisiana

14. Maiden name Lucy (Maiden Name Unknown)

15. Birthplace Arkansas

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 4107 Finney, St. Louis, Missouri

19. (a) 2-10-47 (b) Allen Mills
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oas

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

(d) Street No. 1325 N. Whittier
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5, year 1947 hour 3:26 minute P M.

21. I hereby certify that I attended the deceased from November 18, 1946 to February 5, 1947 that I last saw him alive on February 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, MULTIPLE, SKULL, CHEST WALL, LEFT 3RD RIB, ORIGIN UNKNOWN

Due to 552

Due to

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations

Of autopsy No Autopsy

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? David Kaminsky (c) Means of injury 0

23. Signature DAVID A. KAMINSKY, M.D. (M. D. or other)

Address Vet. A.M. Hosp., Jeff. Bks., Mo Date signed 2-6-47

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

MAY 5 1949

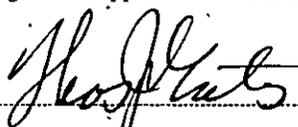
FEB 19 1947

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.....

Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Ave......

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.