S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43332

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11915

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution newborn (Specify whether years, months or days)
In this community

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. 1312 Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BABY BOY MILLS
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 4th, 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace St. Louis City Hospital (City, town, or county) (State or foreign country)
10. Usual occupation nil
11. Industry or business

FATHER
12. Name Albert Mills
13. Birthplace Missouri (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Hallie McKie
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director ROWLAND
(b) Address 4255 Wesley
19. (a) DEC 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1947 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 12/4/47, 19..., to Dec. 4th, 1947, that I last saw him alive on Dec. 4th, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to 1/24	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 E. B. Keller (M. D. or other)
Address 1515 Lafayette Date signed 12/5/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

11945

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.....

P. O. Address.....

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.