

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6381

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6381

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Charles J. Mills  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex Male 2 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ELIZABETH MILLS  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased July 8 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 7  
If less than one day hr. min.

9. Birthplace HELENA ARK.  
(City, town, or county) (State or foreign country)  
10. Usual occupation LABORER

11. Industry or business.....  
12. Name DOUGLAS MILLS  
13. Birthplace HELENA ARK.  
(City, town, or county) (State or foreign country)  
14. Maiden name JENNIE WILLIAMS  
15. Birthplace LEXA ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant ELIZABETH MILLS  
(b) Address 2230 1/2 Chouteau

17. (a) Burial (b) Date thereof July 24 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Pk cemetery Floyd English

18. (a) Signature of funeral director.....  
(b) Address 2931 Lucas ave

19. (a) JUL 19 1948 (b) J. F. Bredeen  
(Date received local registrar) (Registrar's signature)

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. 2230 1/2 Chouteau  
22 (If rural, give location)  
(e) Citizen of foreign country?.....(Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from  
July 8 1948 to July 15 1948  
that I last saw him alive on July 15 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Undet.

Due to.....  
Due to.....

Other conditions Coronary Infarction  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy..... None  
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) (Means of injury)  
23. Signature Osborn L. Daniels (M. D. or other)  
Address 2601 N Whittier Date signed 7/16/48

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

J

**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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas 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.**