

FILED JUL 9 1949

STANDARD CERTIFICATE OF DEATH

21447  
State File No. ....  
318  
PRIMARY REG. DIST. NO. 1003 Registrar's No. 5690

1. PLACE OF DEATH a. COUNTY -		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Collinsville</b>	
c. LENGTH OF STAY (In this place) <b>2 Mo.</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>HENRY</b> c. (Last) <b>MILLETT</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1949</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 16 1882</b>	
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mine Examiner</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Clair Co. Ills.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Thomas Millett</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Hooley</b>	
14. NAME OF HUSBAND OR WIFE <b>Bertha Millett</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Millett Collinsville, Ill.</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <b>Diabetic gangrene of left leg</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>		<b>15-20 yrs.</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>		<b>10 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>61</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>21c X</b>			
22. I hereby certify that I attended the deceased from <b>April 30, 1949</b> to <b>June 30, 1949</b> , that I last saw the deceased alive on <b>June 30, 1949</b> , and that death occurred at <b>7:15 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>F. C. Bradley</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Barnes Hospital</b>	
23c. DATE SIGNED <b>6/30/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 3 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Glenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Collinsville Ills.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 1 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Rosater</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Geo. M. Schrepper</b>		ADDRESS <b>Collinsville Ills.</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. M. Schaeppel

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ill.

**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.