

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1950

State File No. 1536

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1536**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ZHomer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>723 North 23rd Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie</u>	b. (Middle) _____	c. (Last) <u>Shields</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11. 25. 1893</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>SOMERVILLE TENN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ATHER SHIELDS 2917 BELLE</u>	ADDRESS <u>BELLE</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Failure</u>		
	DUE TO (c) <u>Undetermined</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> <u>HUBX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>

22. I hereby certify that I attended the deceased from 1-26, 19 50, to 2-12, 19 50, that I last saw the deceased alive on 2-12, 19 50, and that death occurred at 4:10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James J. Dedrick M. D.</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>2-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5</u>	24b. DATE <u>2-18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SOMERVILLE TENN</u>	24d. LOCATION (City, town, or county) (State) <u>Jenners</u>
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DATE REC'D BY LOCAL REG. <u>FEB 16 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Walker 3506 Park</u>	ADDRESS
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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4441

P. O. Address 3506 Franklin

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.