

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21826

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4724**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1357 Arlington Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>3906a N. Grand Blvd. 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b>		b. (Middle) <b>Mills</b>	
c. (Last) <b>Mills</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Sept. 18, 1880</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Salem, Illinois</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>A. Juds on Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Harthing</b>	
13c. NAME OF HUSBAND OR WIFE <b>Eldridge Mills</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Henry E. Jones, 1357 Arlington Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> <b>arteriosclerosis</b>  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 <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>331X</b>			
22. I hereby certify that I attended the deceased from <b>3/14, 1950</b> , to <b>5/26, 1950</b> , that I last saw the deceased alive on <b>5/26, 1950</b> , and that death occurred at <b>1:00 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles DeParus</b>		23b. ADDRESS <b>5498 a Page</b>	
23c. DATE SIGNED <b>5/29/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/29/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>PROV OST UND. CO., 3710 N. Grand Bl.</b>		ADDRESS	

**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 *Albert Mayfield* \_\_\_\_\_

Licensed Embalmer No. 3077

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.