

FILED DEC 8 - 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 40220

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3775</u>							
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>Ste. Genevieve</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>				c. LENGTH OF STAY (In this place) <u>11 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinsey</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 Rochester Drive</u>				d. STREET ADDRESS (If rural, give location) ----- <u>1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>FREDERICK</u>			c. (Last) <u>MILLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 21, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 21, 1873</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Alec Mills</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Foster</u>				14. NAME OF HUSBAND OR WIFE <u>Cora</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Mills 620 Rochester Dr. Lemay, Mo.</u>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Melanotic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary lesion - Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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) <u>177K</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>July 3</u> , 1949, to <u>Nov 21</u> , 1951, that I last saw the deceased alive on <u>Nov 21</u> , 1951, and that death occurred at <u>6:30A.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Mitchell L. Barthelme M.D.</u>						23b. ADDRESS <u>7629 So. Broadway</u>			23c. DATE SIGNED <u>11/21/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Rd.</u>						
DATE REC'D BY LOCAL REG. <u>11. 2 - 51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Jones M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hoffmeister U. &amp; L. Co. 7814 So. Broadway, St. Louis, Mo. 11</u>							

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.