

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18337

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4029

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dad Home Phillips		e. STREET ADDRESS (If rural give location) 2706 Dickson, St 2710	
3. NAME OF DECEASED (Type or Print) (First) Lula		b. (Middle) Mills	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4 21 56	
5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1903
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House	11. BIRTHPLACE (City and State or Foreign Country) Venice Miss
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Jack Seels	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lizzie Todd	
14. NAME OF (HUSBAND) OR WIFE Joseph Mills		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (For no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Charles Torden	
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) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 1140 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. Carl Smith		23b. ADDRESS 1300 Erie	
23c. DATE SIGNED 4/29/56		24a. BURIAL, CREMATION REMOVAL (Specify) Chicago Ill	
24b. DATE 4-26-56		24c. NAME OF CEMETERY OR CREMATORY Chicago Ill	
24d. LOCATION (City, town, or county) (State) Chicago, Ill		25. FUNERAL DIRECTOR'S SIGNATURE Gus Nowe	
DATE REC'D BY LOCAL REG. APR 23 1956		ADDRESS 2930 Dickson, St	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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.....  
Signature of Student Embalmer

Signed *Leroy U. Gannick*.....

Licensed Embalmer No. 45

P. O. Address 3850 E

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.