N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

1003

23604

File No. 5877

Registered No.

1. PLACE OF DEATH

County

Township

City ST. LOUIS (No. MO. BAPTIST HOSP. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Infant Mills 480

(a) Residence, No. 2237a Benton St., 20 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/2/39

7. AGE: — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, 7 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO.

FATHER

13. NAME: CHESTER MILLS.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BARBOURVILLE KENTUCKY.

MOTHER

15. MAIDEN NAME: LEONA BUDO.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO.

17. INFORMANT (ADDRESS): Chester Mills 2237A BENTON ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY DATE: JULY 3RD 1939

19. UNDERTAKER (ADDRESS): BROCKLAND UND. CO. 1827 HOGAN ST.

20. FILED: JUL 3 1939 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 2ND, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to July 2, 1939

I last saw him alive on July 2, 1939. Death is said to have occurred on the date stated above, at 304 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance: Premature birth

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury: —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: —

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed) T. H. Hall, M. D.

(Address) Roosevelt Bldg.

Not Embalmed.