

REC FEB 25 1941
Registration District No. 799

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 das
In this community 20 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ike Millender

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced/married

6. (b) Name of husband or wife Lula Millender 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 12 1867.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 - 19 hr. min.

9. Birthplace Chester, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Millender

(b) Address 3321 Lucas Ave

17. (a) Burial (b) Date thereof: 1/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Lucas Ave

19. (a) JAN 23 1941 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 3321 Lucas Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1941 hour 6:00 minute _____ AM.

21. I hereby certify that I attended the deceased from December 29, 1940 to January 20, 1941, that I last saw him alive on January 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Hypertensive heart Disease
Due to Decompensation 6 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

Duration
Unk
6 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 me
Chas. Garris, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Garris
Licensed Embalmer No. 2349

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.