

No. 2
4-13-40
5-17-39
I X23159

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16215**
Registrar's No. **3733**

Registration District No. **791** Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Marys Infirmary**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Weeks**
In this community **40 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph H. Millender**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **2 Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mamie Millender** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **November 26 1861 1859**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **5** **10** hr. min.

9. Birthplace **Chester / Ills.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Rail Road Porter**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **William T. Millender**
13. Birthplace **Chester / Ills.**
(City, town, or county) (State or foreign country)
14. Maiden name **Amelia Menard**
15. Birthplace **Chester / Ills.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie millender**
(b) Address **4554a Garfield ave**

17. (a) **Burial** (b) Date thereof **5/3/41**
(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) **MAY 1 1941** (b) **J. W. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL") **1117**
(d) Street No. **4554a Garfield Ave**
(If rural, give location) **7**
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **29**
year **41** hour **6** minute **9** A. M.

21. I hereby certify that I attended the deceased from **2/15/41**
to **4/29**, 19 **41**
that I last saw him alive on **4/29**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA PHARYNX**

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

Major findings: Of operations _____
Of autopsy **CA -**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 **William T. Duhler** (M. D. or other) **9**
Address **901 N VANDEYENTER** Date signed **5/30/41**

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

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17
9

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.....

William Claude Gordon

Registered Apprentice No.

working under my personal supervision.

Signed.....

William Claude Gordon

Licensed Embalmer No.

3489

P. O. Address.....

2649 Nelmar Bl

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.