MAY 13 1935

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

Do not use this space.

14606

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3440

City St, Louis. (No. Meremac Hotell St. ..... Ward)

2. FULL NAME Frank J. McMillen.

(a) Residence, No. Mermac Hotel. St., 25 Ward. .....
(Usual place of abode) 202 No. 12th (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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace McMillen.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1869.

7. AGE: YEARS 65 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Money Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road.
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) Kentucky.

FATHER

13. NAME George McMillen.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia.

MOTHER

15. MAIDEN NAME Jennie Cooben.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia.

17. INFORMANT (ADDRESS) Mrs Grace Bradford Hartwell Ohio.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lakewood Park. DATE April, 16, 1935

19. UNDERTAKER (ADDRESS) McLaughlin 2301 Lafayette Ave.

20. FILED APR 15 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:40 P.

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

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Chronic Interstitial Nephritis	
Cirrhosis of Liver	

Other contributory causes of importance

1246

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

Accident, suicide, or homicide? ..... 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Lafayette Town

4/15/35

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.