SEP 25 1937

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

31826
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis
Registration District No. 190
(b) Township
Primary Registration District No. 60339
Registered No. 343
(c) City Clayton
(d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Unknown yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nellie McMillan
(a) Residence, No. 1626 Stockard? Richmond Hts. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Mac McMillan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1892

7. AGE: YEARS 45 | MONTHS 7 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 16, 1937
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mississippi

FATHER
13. NAME Andrew J. Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Mississippi

MOTHER
15. MAIDEN NAME Hattie Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mississippi

17. INFORMANT (ADDRESS) Mac McMillan 1626 Stockard.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Sept. 23, 1937

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates 4107 Finney Avenue.

20. FILED Sept 22, 1937 Dr. A. J. Signorelli Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1937

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 2AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9/15 1937

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? autopsy 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? no
If so, specify .....
(Signed) John O'Connell, M. D.
(Address) Coroner St. Loyis County

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)