

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.

OCT 14 1937

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

791
1003

32246

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 8814 W. Pine
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8300

2. PRINT FULL NAME

GEORGE A. McMILLAN
(a) Residence, No. 3814 W. Pine St. 19
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida McMillan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/12/55
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Const.
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) 1931
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima, Ohio

13. NAME Joseph McMillan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Susan Hoffler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ida McMillan
3814 W. Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowden, Ill DATE 9/5/37

19. FUNERAL DIRECTOR (ADDRESS) Alexander and Sons
6175 Delmar Blvd

20. FILED SEP 8 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/2/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1937, to Sept 3, 1937.
I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis (Mitral)
regurgitation
10/1
Date of onset

Other contributory causes of importance:
Coronary Hypertrophy with
myocarditis, Chl. Intestinal
regurgitation, age

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) K. E. Priddy M. D.
(Address) 41 Vandewater St.

Dr. Priny
41 Vandeventer Place
Hours - 1 to 2 P.M.

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.
No. and Ernst Altman, Registered Apprentice No. —
working under my personal supervision.

Signed J. Wm Binkley
Licensed Embalmer No. 3653

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.)