

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS ⁷⁹¹
CERTIFICATE OF DEATH

13387
Do not use this space.

3991

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis Mo (d) Street No. 2733 Dickson 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Foetus McMillan (col) 25 W
(a) Residence, No. 2933 Dickson St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED nil
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/7/38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 Gestation
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) St Louis Mo

FATHER 13. NAME Unknown Mo

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

MOTHER 15. MAIDEN NAME Lucille McMillan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Chas. Mueller - P.D. 1264 Sugg

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 4-20-38

19. FUNERAL DIRECTOR (ADDRESS) W. Richter - 3510 Putzger Anatomical Board

20. FILED APR 20 1938 J.P. Brudick Local Registrar.

~~NO PHYSICAL CERTIFICATE OF DEATH~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7 1938

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Spontaneous abortion
(Cause and manner unknown)

Other contributory causes of importance:
Still Born

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? NO

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 See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify 4
(Signed) Joseph M. Loomis M.D.
(Address) Deputy Coroner

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,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)