

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City

Registration District No. 791
Primary Registration District No. 1008

File No. 34101
Registered by 908
Ward

2. FULL NAME Florence Ann McMillian

(a) Residence, No. 1735 S. 18th St. St. 23 Ward.

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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.

13. NAME Joe McMillian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linny Cr. Mo.

15. MAIDEN NAME Ruby Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannan Co. Mo.

17. INFORMANT (ADDRESS) Parents Joe McMillian

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 10-19-1938

19. UNDERTAKER (ADDRESS) Ann McLaughlin 2301 Lafayette

20. FILED OCT 18 1938 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1938, 1938, to 1938, 19...

I last saw h. e. l. l. alive on 10-18, 19... Death is said to have occurred on the date stated above, at 1:30 a. m.

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

acute Enteritis
11012
Date of onset 10/19/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) Louis Keller, M. D.
(Address) 3649 Vista Ave

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.

Can be used for
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