

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24283
Do not use this space.

REC. AUG 11 1939

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis, Mo. (d) Street No. 1536 Papin Street St. Mary's Infirmary 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 254 Lenell McMillian

(a) Residence, No. 2643 Lucas 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1939</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
	<u>1</u>	<u>29</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> 0 (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Theodore McMillian</u> 1			
	14. BIRTHPLACE (CITY OR TOWN) <u>Tupelo</u> 1 (STATE OR COUNTRY) <u>Miss</u>			
MOTHER	15. MAIDEN NAME <u>Marie McMillian</u> 1 <u>Woods</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Chicago</u> 1 (STATE OR COUNTRY) <u>Ill</u>			
17. INFORMANT (ADDRESS) <u>Theodore McMillian</u> <u>2643 Lucas Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>CITY CEMETERY</u> DATE <u>7-27-39</u> <u>19</u>				
19. FUNERAL DIRECTOR (NAME) <u>Ira Hamilton</u> (ADDRESS) <u>City Health Dept.</u>				
20. FILED <u>JUL 26 1939</u> <u>J. D. B. Baker</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939 to July 9, 1939
I last saw him alive on July 9, 1939 Death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:
Pyloric stenosis
Date of onset 15/11/39

Other contributory causes of importance:

Name of operation Panostomy Date of 7-7-39
What test confirmed diagnosis? Yes 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? Yes
If so, specify _____
(Signed) Ralston S. Mitchell D.
(Address) 1536 Papin St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X18605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.