

Registration District No. 784

Primary Registration District No. 115

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1247 Waldron Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

8. (a) PRINT FULL NAME JAMES P. MILLAM.
 8. (b) If veteran, name war None
 8. (c) Social Security No. 498-01-4094

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Stella Millam. 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased January 24, 1890.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 25 hr. min.

9. Birthplace Montgomery Co. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter.

11. Industry or business unemployed.

12. Name James W. Millam.

13. Birthplace ? Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Mounts.

15. Birthplace Montgomery Co. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter J. Clark.
 (b) Address 1247 Waldron Ave.

17. (a) Burial (b) Date thereof 12-21-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
 (b) Address 5966-68 Easton Ave.

19. (a) DEC 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1247 Waldron Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th.
 year 1940 hour 8 minute P.M.
 21. I hereby certify that I attended the deceased from Nov 17th
1940 to Dec 19th 1940
 that I last saw him alive on Dec 19th 1940 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 3 mo
 Due to Sclerosis, arterial

Due to _____
 Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy None performed

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) im. D.
 Address 506 Clinic Date signed 12/20/40

Dr. V. E. Michael.
506 Olive Street.
Hours 11 to 3
Phone. Chestnut 5025

FEB 24 1944

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern St. Sp

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.