

U. S. No. 2
DM-9-4-41
Rev. 5-17-39
I. X29484

16407

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 5017

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
5843 Cates Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 5843 Cates Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Nellie McMillan
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8
year 1942 hour 3 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Noble E. McMillan 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 19 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1st 1942 to June 8th 1942
that I last saw her alive on June 1st 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 11 19 hr. _____ min.

Immediate cause of death Myocardial
Duration 1138

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Due to Hypertension
Due to _____

10. Usual occupation Housewife

Other conditions High blood pressure - apoplexy
(Include pregnancy within 3 months of death)

11. Industry or business _____

PHYSICIAN _____

12. Name Daniel Curry

Major findings: _____
Of operations _____

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

Of autopsy _____

14. Maiden name Margaret Smith

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Noble McMillan
(b) Address 5843 Cates Ave.

17. (a) Burial (b) Date thereof 6-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 9 (b) 1942 (c) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature D. H. C. Saak (M.D. or other) D. C.
Address 7323 A Manchester ave Date signed 6/8/42

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Dr. David H. 1894
733rd Manufacturer
10-17-2-4

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..... *Allist R. Thompson Jr.*
Licensed Embalmer No..... *4237*

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, fact should be so stated above.