. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 26084

FILED AUG 20 1942

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6735

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5023 Columbia 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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

(c) City or town St. Louis 1713
(If outside city or town limits, write "RURAL")

(d) Street No. 5023 Columbia Ave. 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert McMillan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Floretta McMillan

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct. (Month) 12th (Day) 1887 (Year)

8. AGE: Years 54 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Alpena (City, town, or county) / Michigan (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Ephram McMillan
13. Birthplace Oswego (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Myra Swift
15. Birthplace Flushing (City, town, or county) Michigan / (State or foreign country)

16. (a) Informant Mrs. Floretta McMillan
(b) Address 5023 Columbia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 1 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)
844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 10th year 1942 hour 10 minute A.M. M.

21. I hereby certify that I attended the deceased from July 1 1941, to Aug 10 1942; that I last saw him alive on Aug 10 1942; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Embolus, pulmonary | 1 da |
| Due to: Endocarditis, chronic | 5 yrs |
| Due to: Rheumatic fever | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | 92 |
| Of autopsy | 98 |

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 0

23. Signature [signature] (M. D. or other) M. D.

Address 402 Cider Bldg Date signed 8-10-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Victor Kieffer
Lister Bldg. 1-3

## 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 Edwin H. McDermott

Licensed Embalmer No. 3024

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.**