

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

FILED MAY 3 1943 318

Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
**Jewish Hospital...**  
(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..... **Missouri.** (b) County.....

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

(d) Street No..... **#5514 Cabanne Ave.,**  
(If rural, give location)

(e) Citizen of foreign country?..... **no.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **MARION E. MILLEN.**

3. (b) If veteran, name war..... **none.** 3. (c) Social Security No. **none.**

4. Sex..... **Female.** 5. Color or race..... **white.** 6. (a) Single, widowed, married, divorced..... **single.**

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

7. Birth date of deceased..... **Feb'y, 27th, 1859.**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>84.</b>	<b>1.</b>	<b>29.</b>	.....hr. ....min.

9. Birthplace..... **Alton, Illinois.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home.**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Robert Millen.**

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

14. Maiden name..... **Mary Allan.**

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

16. (a) Informant..... **Mrs Meredith Martin.**

(b) Address..... **5514 Cabanne Ave.**

17. (a) **Cremation.** (b) Date thereof **4/28/1943.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Crematory**

18. (a) Signature of funeral director..... **C. R. Lupton & Sons,**

(b) Address..... **#7235 Delmar Boulevard.**

19. (a) **APR 27 1943** (b) **J. P. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th.**  
year **1943** hour **9 am** minute..... M.

21. I hereby certify that I attended the deceased from **Feb - 1942**  
19..... to **Apr - 26 -** 19**43**  
that I last saw h. **or** alive on **Apr 24 -** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cancer of r. lung -  
Cancer of left ovary.**

Due to.....  
**Deceased had cancer  
of breast removed**

Due to.....  
**2 years ago possibly  
started there  
breast removed then**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **50**

Of autopsy.....

Duration

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) (e) Means of injury.....

23. Signature..... **Maunie A. Frankenthal** (M. D. or other).....  
Address..... **112 N. 2nd St. St. Louis, Mo.** Date signed..... **Apr 28-43**

Dr Maurice Frankenthal,  
4500 Olive Street.  
FO: 3800.  
11 to 12:30 -- 4 to 5:30

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**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

*Clarence A Murray*

Licensed Embalmer No. *4011*

P. O. Address *St Louis Mo.*

**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.**