

FILED JUL 24 1948 17

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's 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 Mo. (b) County _____

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

(d) Street No. 4960 Mardel Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME James N. Millsap

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1943 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from 9-25-43
19____ to 7-17-43, 19____;
that I last saw him alive on 7-16-43, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Ruth Millsap

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

7. Birth date of deceased Feb. 15th 1868
(Month) (Day) (Year)

Immediate cause of death
Pericardial hemorrhage
(atypical)

Due to Gastro-enteritis

Due to Arteriosclerosis

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

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Famous & Barr Co.

MOTHER FATHER

12. Name Unknown Millsap

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

14. Maiden name Frances Choats

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Marion Jenkins

(b) Address 4960 Mardel Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Nashville Arkansas

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 7-19-43 (Date received local registrar)

(b) C. H. McQueen MD (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? _____

23. Signature Tommy L. Smith (M. D. or other)
Address 624 N. Grand Date signed 7/17/43

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

96
8
3

SEP 25 1945

SEP 27 1945

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 D. McNamee

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.