

FILED DEC 13 1943 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **10582**

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

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:  
**BARNES 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 **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **99**  
(d) Street No. **5025 Union Blvd**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **Joseph Millichamp**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Anna Millichamp** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Apr. 9 1866**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 7 21** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Merchant**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **John Millichamp**

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

14. Maiden name **Mary Jane Boyd**

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

16. (a) Informant **Joseph Millichamp Jr.**

(b) Address **5025 Union Blvd.**

17. (a) **Burial** (b) Date thereof **12-3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **DEC 2 1943** **J. F. Bredeck**  
(Date) (Local registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **30**  
year **1943** hour **4** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Oct 8**  
**1943** to **Nov 30** **1943**;  
that I last saw him alive on **Nov 30** **1943**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the prostate & metastases**  
Due to \_\_\_\_\_  
Due to **51**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Gordon F. Moore** (M. D. or other)

Address **BARNES HOSPITAL** Date signed **12-1-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *Warren A. Carver*  
..... Licensed Embalmer No. *3534*  
..... 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.**