

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5452
Registrar's No. 1420

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 2 days
(Specify whether
In this community 23 years
years, months or days)

3. (a) PRINT FULL NAME John McMillan

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Isabelle McMillan 6. (c) Age of ~~husband~~ or wife if alive 38 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 58 hr. min.

9. Birthplace Eastman, Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Brickmason Contractor

11. Industry or business

MOTHER FATHER

12. Name Edward McMillan

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

14. Maiden name Celia Armistead

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

16. (a) Informant Mrs Gertrude Jackson

(b) Address 3910 R. Fairfax

17. (a) Burial (b) Date thereof 2-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director J. H. Beal and Co
(b) Address 2726 Lippincott Ave

19. (a) FEB 14 1944 (b) J. J. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4231 Garfield (If rural, give location) 9 11
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9,
year 1944 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from January
7, 19 44 to February 9, 19 44.
that I last saw h. im alive on February 9, 19 44.
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess. Etiology unknown months Terminal
Acute Pulmonary Edema

Due to 11/4 d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

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

23. Signature J. E. Smith (M. D. or other)
Address 260 W. Whittier Date signed 2/10/44

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

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 Arthur L. Hilliard

Licensed Embalmer No. H 221

P. O. Address H 219th E. Garfield

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.