

S. No. 2  
M-8-13  
5-17-39  
PI X37823

19121

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 3 1944

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1180

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Lemay  
 (c) Name of hospital or institution: Kerth Road  
 (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

3. (a) PRINT FULL NAME James A. McMillan  
 (b) If veteran, name war no  
 (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Mattie McMillan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: April 7, 1851  
 (Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Unknown Illinois  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
 12. Name Unknown -- Mc Millan  
 13. Birthplace Don't Know Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't Know  
 15. Birthplace Don't Know Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant William McMillan  
 (b) Address 5200 Winona Ave.

17. (a) Removal-Motor (b) Date thereof 5/27/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Coulterville, Illinois

18. (a) Signature of funeral director Weick Bros.  
 (b) Address 2201 S. Grand Bl.

19. (a) MAY 27 1944 (b) C. G. Mc Gowan, M.D.  
 (Date received local registrar) (Registrar's signature)

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. 5200 Winona Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 24  
 year 1944 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 3-1-37  
 \_\_\_\_\_, 19\_\_\_\_, to 5-24, 19\_\_\_\_  
 that I last saw him alive on 5-24, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Myocarditis 5 yr  
 Duration \_\_\_\_\_

Due to Senility  
 Due to \_\_\_\_\_

Other conditions 93d  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature SA [Signature] (M. D. or other) \_\_\_\_\_  
 Address 439 [Signature] Date signed 5-26-44

*See Note  
in  
book*

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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 *Wm. C. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

**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.**