DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 317

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 33740

Registrar's No. 72

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
415 E. Argonne Dr.
(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 St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 415 E. Argonne Dr.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edith Walker MacMillan

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife Thomas MacMillan

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

7. Birth date of deceased Nov. (Month) 7 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	5	_____ hr. _____ min.

9. Birthplace London (City, town, or county) England (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housewife

FATHER
12. Name James Walker
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Edith
15. Birthplace London (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Walker MacMillan
(b) Address 520 E. Monroe, Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.

19. (a) 1-14-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1947 hour 7 AM minute a M.

21. I hereby certify that I attended the deceased from Feb - 2, 1940, to Jan 12, 1947, that I last saw her alive on Jan 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Osteoporosis of spine	7 yrs
Collapse and Tumbar	
~~Due to~~ Vertebra	
Rectal polypsis	7 yrs
Due to	
1546	
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other)
Address 19 E. Lockwood Date signed 1/13/47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood (22) 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, above space should be left blank.