No. 300
10.48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22138

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1422

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch (rural) 0
c. LENGTH OF STAY (in this place): 203 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Koch Hospital, Koch, Mo.

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17
d. STREET ADDRESS (If rural, give location): 25 9th and Market 1

3. NAME OF DECEASED (Type or Print)
a. (First): Hardy
b. (Middle): -
c. (Last): McMillan

4. DATE OF DEATH (Month) (Day) (Year): June-10, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 4-9-68
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Canada 2
12. CITIZEN OF WHAT COUNTRY?: ??

13a. FATHER'S NAME: Edward McMillan
13b. MOTHER'S MAIDEN NAME: Margaret ??
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: ??
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records, Koch Hospital

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ??? 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
002 X
13 b

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-, 1948, *to* 6-10-, 1949, *that I last saw the deceased alive on* 6-10-, 1949, *and that death occurred at* 12:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Peckham, M.D.
23b. ADDRESS: Robert Koch Hospital
23c. DATE SIGNED: 6-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: JUN 30 1949
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: JUN 30 1949 6-16-49
REGISTRAR'S SIGNATURE: Thurid [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.