

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18425  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4234**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, Mo. 2179**

d. FULL NAME OF HOSPITAL OR INSTITUTION **3827 RUSSELL BLVD.**

e. STREET ADDRESS (If rural, give location) **3827 RUSSELL BLVD.**

3. NAME OF DECEASED  
a. (First) **NELLIE** b. (Middle) \_\_\_\_\_ c. (Last) **McMILLAN**

4. DATE OF DEATH (Month) (Day) (Year) **MAY 9, 1950**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED**

8. DATE OF BIRTH **OCT. 18, 1888**

9. AGE (In years last birthday) **61**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED CLERK**

10b. KIND OF BUSINESS OR INDUSTRY **RAILROAD**

11. BIRTHPLACE (State or foreign country) **KANSAS CITY, MO.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **WILLIAM McMILLAN**

13b. MOTHER'S MAIDEN NAME **CECILIA FERGUSON**

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) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MISS CHRISTINE McMILLAN 3827 RUSSELL BLVD.**

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) **Diabetes unknown duration**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Coma**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Cystitis**

INTERVAL BETWEEN ONSET AND DEATH  
**3 days**

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) **260X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 **Mar 27, 1950** to **May 9, 1950**, that I last saw the deceased alive on **May 9, 1950**, and that death occurred at **8:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name of Title) **William Weiss M.D.**

23b. ADDRESS **5705 South Grand Bl**

23c. DATE SIGNED **5/10/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **MAY 12, 1950**

24c. NAME OF CEMETERY OR CREMATORY **VALHALLA CEM.**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS COUNTY, MO.**

DATE REC'D BY LOCAL REG. **MAY 11 1950**

REGISTRAR'S SIGNATURE **J. B. Sarator**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm J. Robert & Co. 1905 So. GRAND BLVD.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Mo Pac 4-5 PM  
VED

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*J. Allen Davis Jr*  
Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.