

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21703

FILED JUL 13 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2567

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>	
c. LENGTH OF STAY (In this place) <u>9 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>Manchester Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Murdock</u>	b. (Middle) <u>A.</u>	c. (Last) <u>MacMillan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 31, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Special Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gr. Trunk R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Hugh MacMillan</u>	13b. MOTHER'S MAIDEN NAME <u>Annabelle McKey</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Daisy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Yes 489-28-8691A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Murphy</u>	ADDRESS <u>6330 S. Rosebury</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u>		
	DUE TO (c) <u>Said arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sanity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>W</u>
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22. I hereby certify that I attended the deceased from Aug, 1950, to July 3, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Dering MD</u>	23b. ADDRESS <u>Creve Coeur, Mo</u>	23c. DATE SIGNED <u>July 3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	24d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-3-51</u>	REGISTRAR'S SIGNATURE <u>Berbert P. Sombi</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>	ADDRESS <u>6175 Delmar</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

400

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2460

P.O. Address 6175 Deema

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.