

FILED AUG 9 1951

## STANDARD CERTIFICATE OF DEATH

25598

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3064</u>		Registrar's No. <u>2805</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis 409</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>Ferguson</u>			c. LENGTH OF STAY (in this place) <u>1 year</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR <u>10 TOWN Ferguson 4109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>27 Oliver Street</u>				d. STREET ADDRESS (If rural, give location) <u>27 Oliver Street.</u>				<u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTHEDA</u>			b. (Middle) <u>EMILY</u>		c. (Last) <u>McMILLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Mar 9, 1882</u>		9. AGE (In years last birthday) <u>69</u> 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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana Missouri 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Wade</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sumner</u>			14. NAME OF HUSBAND OR WIFE <u>Reuben McMillen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marcelle Drion, 5504 Jennings Road</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with left hemiplegia</u> ANTECEDENT CAUSES <u>hemiplegia</u> DUE TO (b) <u>Arteriosclerosis, Chn. Nephritis</u> DUE TO (c) <u>Chn. Myocarditis, Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7-28-51</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>482X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>6-3-50</u> , to <u>7-30-51</u> , that I last saw the deceased alive on <u>7-30-51</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. L. Lanche M.D.</u>				23b. ADDRESS <u>4885 Natural Bridge</u>			23c. DATE SIGNED <u>7-31-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>8-1-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lanche M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave.</u>				

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 *John J. Haines*.....

Licensed Embalmer No. *4108*.....

P. O. Address *St. Louis, 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, fact should be so stated above.