

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11417

FILED APR 15 1957

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>468</u>	
1. PLACE OF DEATH a. COUNTY <u>Missouri St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). --a.--STATE <u>Missouri</u> b. COUNTY			
b. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3014 Franklin Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Madeline</u>		a. (First) <u>Madeline</u>		b. (Middle) <u>McMillan</u>		c. (Last) <u>McMillan</u>	
4. DATE OF DEATH <u>Feb. 17, 1957</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 19, 1903</u>		9. AGE (in years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Albert Gill</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Underwood</u>		14. NAME OF HUSBAND OR WIFE <u>Mack McMillan</u>			
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>492-36-2795</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kate West</u>		ADDRESS <u>3014 Franklin Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BILATERAL PULMONARY EMBOLISM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic Phlebotrombosis</u> DUE TO (c) <u>Post OP GASTRECTOMY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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>1-13</u> , 19 <u>57</u> , to <u>2-17</u> , 19 <u>57</u> that I last saw the deceased alive on <u>2-17</u> , 19 <u>57</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. J. Decker M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>2/18/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/22/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Decker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gatas</u>		ADDRESS <u>4107 Finney</u>	

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1825.....

P. O. Address 4107 Finney Ave.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.