

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003243
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 341

300
1-57
03
3M

1. PLACE OF DEATH 1150 FEB 11 1959

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>	a. STATE <u>MO</u> b. COUNTY <u>4834 ST LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>	d. STREET ADDRESS (If outside give location) <u>7944 W. BRUND</u>

3. NAME OF DECEASED (Type or print)	First <u>ARTHUR</u> Middle <u>McMILLAN</u> Last <u>McMILLAN</u>	4. DATE OF DEATH	Month <u>January</u> Day <u>11</u> Year <u>1959</u>
-------------------------------------	---	------------------	---

5. SEX <u>MALE²</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 10 1892</u>	9. AGE (years or birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
--------------------------------	-------------------------------	---	--------------------------------------	----------------------------	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TAILOR</u>	11. BIRTHPLACE (City and state or country) <u>DREWY ALABAMA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>ALLEN McMILLAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>HATTIE McMILLAN</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>488-03-1740</u>	17. INFORMANT <u>Mr. Barbara McMillan</u> Address <u>7944 W. Brund</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>420.0B</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Luetic Heart Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Few hours</u> <u>5 years</u>
--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY	Hour <u>a.m.</u> Month, Day, Year
---------------------	-----------------------------------

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	------------------------------	--------	-------

21. I attended the deceased from August 1953, to January 11, 1959 and last saw him live on January 11, 1959
Death occurred at 3:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. D. Vanillian, M.D.</u> (Degree or title)	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>1/11/59</u>
---	-------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE <u>Jan 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Father Jackson</u>	23d. LOCATION (City, town, or county) <u>Crevecoeur MO</u>	(State)
--	-------------------------------	--	--	---------

24. FUNERAL DIRECTOR <u>J. J. Gundell Sons 1776 N. 17th</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 12 59</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All entries in Part I must be causally related.

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 *Richard J. Gault*

Licensed Embalmer No. *424*

P. O. Address *308 Alder
Seattle, Wash.*

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.