

PRIMARY REGISTRATION DISTRICT NO. 318 Primary Registration District No. 1003 Registrar's No. 9555

FILED VS OCT 6 1960

=60-036356 STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4932 Nottingham</b>		d. STREET ADDRESS (If outside, give location) <b>4932 Nottingham</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle Last <b>MC MILLAN, SR</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>29th.</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-3-1878</b>	9. AGE (last birthday) <b>82</b>	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman-Retd</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shell Oil Co.</b>	11. BIRTHPLACE (City and state or country) <b>Glasgow, Scotland</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert McMillan</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Jean Jeffery</b>	14. NAME OF HUSBAND OR WIFE <b>Mary B. McMillan</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-05-8833-A</b>	17. INFORMANT <b>Mary B. McMillan-4932 Nottingham</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary disease, Chronic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1957</b>
DUE TO (b) <b>Several diabetes.</b>		
DUE TO (c) <b>153.2</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	Month, Day, Year <b>Oct 1, 1957</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Mo.</b>	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from <b>Oct 1, 1957</b> to <b>9/29/60</b> and last saw her alive on <b>9/29/60</b> Death occurred at <b>2:55 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>D. Q. [Signature]</b>	(Design or title)	22b. ADDRESS <b>4555 Kingsley</b>	22c. DATE SIGNED <b>9/30/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct. 3, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem.</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Kriegshauser-4228 S. Kinghighway Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 30 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

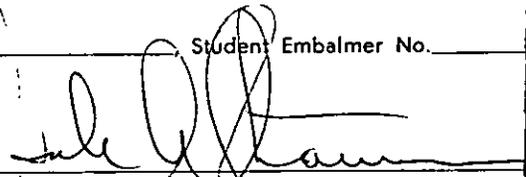
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 453

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to 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.