V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28971

Registrar's No. 7957

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 21 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1122N. Leonard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James McMillian

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Dead

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 30 (Day) 1873 (Year)

8. AGE: Years 69 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Carrolton (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Hake McMillian
13. Birthplace Carrolton (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Florance Watts
15. Birthplace Carrolton (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Amanda Peterson
(b) Address 1122 N Leonard Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St.

19. (a) SEP 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22, year 1942 hour 6 minute 49 A. M.

21. I hereby certify that I attended the deceased from September 12, 1942 to September 22, 1942 that I last saw him alive on September 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Erwin (M. D.)
Address 260 W Kittier Date signed 9/23/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L Boy

....., Registered Apprentice No. My,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.