No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28189

Registration District No. 377 Primary Registration District No. 3063 Registrar's No. 1640

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

96
2
3

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Reasnor 4
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No) 1
If yes, name country

3. (a) PRINT FULL NAME Mack McMillan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Madeline McMillan

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September (Month) 2nd (Day) 1889 (Year)

8. AGE: Years 56 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Gardener

11. Industry or business None

FATHER
12. Name Mack McMillan 7
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Hannah Strong
15. Birthplace Lee County (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Madeline McMillan
(b) Address 107 Reasnor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) 8-7-46 (Date received local registrar) (b) E. G. McGarvey (Registrar's signature) 3 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 1, 1946, to Aug. 3, 1946; that I last saw him alive on Aug. 3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to arteriosclerotic heart disease

Due to 131A

Other conditions chronic glomerulo nephritis dermatitis gangrenosa
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

Duration

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 0

23. Signature John Coffey (M. D. [redacted])
Address 601 Brentwood Date signed 8-3-46

(Licensed Embalmer's Statement on Reverse Side) Clayton Mo.

27028

AUG 15 1966

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 407

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.