No. 300
10.48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42560

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10449

1. PLACE OF DEATH
a. COUNTY: /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 919 Walton Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2129
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 12 St. Louis
d. STREET ADDRESS (If rural, give location): 919 Walton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle):
c. (Last): McMillan

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 50

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 7-17-'64
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aberdeen, Miss. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Will Sharplie
13b. MOTHER'S MAIDEN NAME: Sylvia
14. NAME OF HUSBAND OR WIFE: William McMillan (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Gus McMillan 4650 Labadie Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4200

22. *I hereby certify that I attended the deceased from* 11-27- *19*50*, to* 12-6 *19*50*, that I last saw the deceased alive on* 12-6 *19*50*, and that death occurred at* 8:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward B. Williams Jr M.D.O
23b. ADDRESS: 4242 Easton St Louis
23c. DATE SIGNED: 12-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial O
24b. DATE: 12-9-50
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: DEC 8 1950
REGISTRAR'S SIGNATURE: J. B. Fasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Russell Und. Co. 2732 Pine Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clark Young

Signed.....
Student Embalmer

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.