

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17566

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1000
City St. Louis (No. 4190) Enright St. Ward

File No.
Registered No. 4479
St. Ward

2. FULL NAME

John Giles
(a) Residence No. 4190 Enright St. 19 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt. 50</u>	YEARS —	MONTHS —
	DAYS —	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Poster</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>245</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>		
FATHER	13. NAME <u>John H. Giles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington 2</u>	
MOTHER	15. MAIDEN NAME <u>Julia Bash</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>	
17. INFORMANT <u>Chara Giles</u> (ADDRESS) <u>4190 Enright Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>5/8</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. W. Roberts</u> (ADDRESS) <u>310 35th St. St. Louis</u>		
20. FILED <u>MAY - 7 1932</u> <u>Wm. C. Carter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1931, to May 3 1932
I last saw him alive on May 3 1932 Death is said to have occurred on the date stated above, at 6:45 P. m.
The principal cause of death and related causes of importance were as follows:
Phthisis Pulmonalis
Date of onset

Other contributory causes of importance:
23A 23

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Phthisis Pulmonalis
(Signed) Wm. C. Carter M. D.
(Address) 200 5th St. St. Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

