

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

Do not use this space.

**21293**

**1. PLACE OF DEATH**

County..... Registration District No.....

Township..... Primary Registration District No.....

*St. Louis City Hospital*  
#1438 (No. *City Hospital*)

**2. FULL NAME**

(a) Residence, No. *1616 So. Compton* St. *17* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *26* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....  
Registered No. **5076**  
St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Miles*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 31st 1863*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>70</i>	<i>2</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) *True Bolt Town Vermont*

13. NAME *John Miles*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Vermont*

15. MAIDEN NAME *Elizabeth Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT (ADDRESS) *Hospital information*

18. BURIAL, CREMATION, OR REMOVAL *Wakallabrematohy* DATE *6-10-33*

19. UNDERTAKER (ADDRESS) *Chas. H. Stuart*

20. FILED *7/1/33* 19*33* *J. F. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 9th 1933*

2. I HEREBY CERTIFY, That I attended deceased from *April 26 1933* to *June 9th 1933*

I last saw him alive on *June 9th 1933* Death is said to have occurred on the date stated above, at *7:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Severe gangrene of leg*

Other contributory causes of importance:

*Arterio-sclerosis  
Ch. Myocarditis*

Name of operation *Amputation* Date of *5-12-33*

What test confirmed diagnosis? *Operation* Was there an autopsy? *no*

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 *Jerome Finnan* (Signed)

(Address) *City Hospital* M. D.

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.

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Amiles

1881  
6/2/81