APR 11 1936

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

Do not use this space.

12469

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2490

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. City Hospital St. ..... Ward)

A-18275-

2. FULL NAME Joseph Miles

(a) Residence, No. 1939 Hebert St., 26 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male ~~White~~ | 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 Louis Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-82

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	2	3	

OCCUPATION

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

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) Mo.

FATHER

13. NAME Henry Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryvill Mo

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryvill Mo.

17. INFORMANT (ADDRESS) Hosp Inf McKenzie City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Mar. 7, 1936

19. UNDERTAKER (ADDRESS) Goodhart & Goodhart 2228 St Louis Ave

20. FILED MAR 5 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20/36, to 3/4/36, 19..

I last saw him alive on 3/4, 1936 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Lobar Pneumonia (L.L.L.) | Date of onset

34

Other contributory causes of importance: following Pneumonia Non T Brain Trauma

Abscess of Lung (R.L.L.)

Acute Pharyngitis

Arteriosclerosis

Syphilis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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 .....

(Signed) Roy Greenbaum, M. D.

(Address) City Hosp #

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.