

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

Do not use this space. *ov*

*RUG 25 1936*

27932

**1. PLACE OF DEATH**

County: *St. Louis*

Registration District No. *789*

City: *Overland*

Primary Registration District No. *6033*

(No. *9429 Tudor*)

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

*Alexander C. Miles*

(a) Residence, No. *9429 Tudor* St., \_\_\_\_\_ Ward. \_\_\_\_\_

*Jefferson City, Mo.*  
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mellie Miles</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 25-1866</i>		
7. AGE YEARS <i>70</i>	MONTHS <i>4</i>	DAYS <i>3</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Carpenter</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Mo. Pac. R.R.</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28 1936*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *8:00 Pm.*

The principal cause of death and related causes of importance were as follows:  
*Was last seen at Mo. Pac. Hospital May 23, 1936. He had chronic hypertensive myocarditis with atherosclerosis and aortic aneurysm. R.C. Greenman July 28, 1936*

Other contributory causes of importance: \_\_\_\_\_

Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

FATHER

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) *Ray Miles 9429 Tudor Overland Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson City, Mo.* DATE *7-30-1936*

19. UNDERTAKER (ADDRESS) *Jeff. Burmann Bros Inc Overland Mo.*

20. FILED *7-28-36* 19 *36* *Hubbschman* Registrar.

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 *R.I. man was patient at Missouri Pacific Hosp. Clinic for some time. Died at home sitting up.*

24. Was disease or injury in any way related to occupation of deceased? *No.*

Who, specify (Signed) *Sub. Greenman M.D.* M. D. (Address) *Room 1110, B. Mo.*

*7/28/36 2716 Jennings, Rd.*

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.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

MEMORANDUM FOR THE RECORD  
DATE: 10/10/50  
BY: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]