

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis (No. 4018 Duncan)

791

1003

File No. ....

10897

Registered No. ....

3471

St. .... Ward)

2. FULL NAME Ervin Stiles(a) Residence, No. 6176 Elizabeth 3- 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

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

Bowlah

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

Sep 13-1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

7723626

OCCUPATION

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

Generator Operator

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

Acetylene Gas

10. Date deceased last worked at this occupation (month and year)

MAR 29-1937

11. Total time (years) spent in this occupation

3 yrs

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

Ill

13. NAME

Virgil Stiles

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

Ill

15. MAIDEN NAME

Sarah Hill

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

Ill

17. INFORMANT (ADDRESS)

Virgil Stiles  
6176 Elizabeth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope Cem. DATE Mar 31 1937

19. UNDERTAKER (ADDRESS)

Fred M. Williams  
4476 Washington

20. FILED

MAR 31 1937J. B. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar 29 1937

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 744 m.

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

Acetylene Gas Poisoning  
inhaled while working in  
charging room of  
Generator Operator

Other contributory causes of importance:

Pres. O. Lett Co. 4018 Duncan  
Ave. at about 7:15 P.M. Mar 29-1937  
Accident

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 Accident Date of injury 3/29/37Where did injury occur? St. Louis Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

IndustryManner of injury See aboveNature of injury See above24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

Joseph M. Duncan(Signed) Joseph M. Duncan(Address) St. Louis Mo

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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