

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

36347

Do not use this space.

Registered No. **9924**

**NOV 15 1937**

1. PLACE OF DEATH  
(a) County ..... Registration District No. **1008**  
(b) Township ..... Primary Registration District No. ....  
(c) City **St. Louis Mo.** (d) Street No. **St. Anthony's Hosp.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Dr. Stephen Edgar Miles**  
(a) Residence, No. **5906a Clemens Ave.** St. **5** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23, 1856**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**81 9 3**

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

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

10. Date deceased last worked at this occupation (month and year) **Oct. 1, 1937** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wabash Ind.**

13. NAME **Dr. Daniel D. Miles**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miami Co. Ohio.**

15. MAIDEN NAME **Mary Jones**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dayton Ohio**

17. INFORMANT **Mrs. Helen Mann** (ADDRESS) **5906a Clemens Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wabash Ind.** DATE **Oct 27, 1937**

19. FUNERAL DIRECTOR **Alexander & Sons** (ADDRESS) **6175 Delmar Blvd.**

20. **061-26-1037** **J. F. Bredbeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 25-1937, 19**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 14** 1937, to **Oct 25**, 1937

I last saw him alive on **Oct 24**, 1937. Death is said to have occurred on the date stated above, at **3:45 a** m.

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

**Royal Inanffmay + Belder**  
**abstrusion**  
**cause of obstruction unknown**

Other contributory causes of importance

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? **no** 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) **R. H. Henry**, M. D.

(Address) **2518 S Grand**

WHILE FURNISHING 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.

OCCUPATION 770  
FATHER 2  
MOTHER 2

28389 Grand  
Age. 0668  
12.30 AM. 6.30 AM

STATEMENT BY LICENSED EMBALMER

I, jos. e. McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by Carl Huck, Registered Apprentice No. —  
working under my personal supervision.  
Signed jos. e. McCulloch  
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)