

No. 2
-10-39
7-39
X21

SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6507

1. PLACE OF BIRTH:

(a) Country _____
(b) City or town St. Louis
(c) Name of hospital or institution Central Dispensary
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Archie Miles

8. (b) If veteran, name war NOT 8. (c) Social Security No. no

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Hester Miles 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 3 - 3 - 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace unknown Miss
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

MOTHER FATHER { 12. Name Unknown Clarkston
13. Birthplace unknown Miss
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Miss
15. Birthplace unknown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Barnes
(b) Address 3628 Bernard

17. (a) Burial (b) Date thereof 8-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Fishmeat Ave

19. (a) AUG 1 1940 (b) J. F. Grebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1729 So 2nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1940 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Heart Exhaustion
Other conditions (Include pregnancy within 3 months of death) Heart Stroke

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy 191 140
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address Springwood Date signed 8/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten signature

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No:.....

working under my personal supervision.

Signed.....

W. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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

If this body is not embalmed, above space should be left blank.