

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5684

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Henderson  
(c) City or town Henderson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 316 Washington St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Benjamin E. Niles  
3. (b) If veteran, name war No.  
3. (c) Social Security No. None

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased May 15 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 23 hr. min.

9. Birthplace Henderson Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Ky. Farm Bureau

MOTHER FATHER  
12. Name Albert Niles  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Phillips  
15. Birthplace Henderson Co. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Niles  
(b) Address Henderson, Ky.

17. (a) Removal (b) Date thereof 7/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Ky.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. JUL 9 1941 (Date received local registrar)  
(b) J. H. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1941 hour minute 9:00 A.M.

21. I hereby certify that I attended the deceased from  
June 20, 1941 to July 8, 1941  
that I last saw him alive on July 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
obstructive jaundice  
Due to CARCINOMA of LIVER

Other conditions (Include pregnancy within 3 months of death)  
Hof

Major findings:  
Of operations  
Of autopsy As above

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?

(Specify type of place) While at work? (e) Means of injury  
23. Signature R. Oeschuetz (M. D. or other) M.D.  
Address BARNES HOSPITAL Date signed 7/8/41

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

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8117

7-11-11

*Walter J. Murphy*

**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..... *Walter J. Murphy*  
Licensed Embalmer No..... *4202*.....

P. O. Address.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**