

No. 2  
-1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36893

State File No. \_\_\_\_\_

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9123

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(c) Name of hospital or institution: 6133 Euclid  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 14 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6133 Euclid  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vergil Stiles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-01-9867

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Sarah Stiles 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 21 - 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hardin ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Columbia Terminals

12. Name Henry Stiles

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Abigail Dugan

15. Birthplace Hardin Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Stiles

(b) Address 6211 Euclid

17. (a) Burial (b) Date thereof Nov 14 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Fred W Williams

(b) Address 4535 Washington Ave

19. (a) NOV 18 1941 (b) J. F. Medica  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17  
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 1  
1941 to Nov 17 1941  
that I last saw him alive on Nov 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Hemorrhage Duration 24 hrs

Due to Cancer of colon 1940  
metastases to liver June, 1941

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Colostomy  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Vestey P. Gaud (M. D. or other) \_\_\_\_\_

Address 2813 Wilson Date signed 11/17/41

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

MOTHER FATHER

**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 Y Burnley*

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.**