

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DePaul Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Margaret E. Miles

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Oct. 7th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 17 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER { 11. Industry or business.....

12. Name Frank Miles

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dempsey

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret McCalpin

(b) Address 4937 Sutherland Ave.

17. (a) Burial (b) Date thereof 3-26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuagri  
4228 So. Kingshighway Blvd.

(b) Address

19. (a) MAR 25 1942 (b) J. F. Beedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4459 Arco Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Sept 17 1941 to Mar. 24 1942  
that I last saw her alive on Mar 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Melan. Sarcoma  
Due to Primary in

Due to nasopharynx  
45 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: opsy scan  
Of operations of tissue  
Of autopsy.....

PHYSICIAN

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?

(Specify type of place) While at work? (c) Means of injury.....

23. Signature Gerald Arnold (M. D. or other)  
Address 607 N. Grand Date signed 2/26/42

University Club #9588  
B-5  
Dec 04 1964

**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 *Edwin M. Heruett*  
Licensed Embalmer No. *3024*  
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.**