

FILED JUL 13 1942 791

Registration District No. ....

Primary Registration District No. 1003

100  
17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4459 Arco Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....  
(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? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frank W. Miles

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Miles 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased Oct. 14 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired 6 years

11. Industry or business Hydraulic Press Brick Co

MOTHER FATHER { 12. Name Frank Miles  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Dempsey  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Miles

(b) Address 4459 Arco Ave.

17. (a) Burial (b) Date thereof 6-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUN 19 1942 (b) J. F. Buddeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/1 1941 to June 18 42 1942  
that I last saw him alive on 6/17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: cardio-vascular-renal disease

Due to 12/1  
Due to 12/1  
Other conditions (Include pregnancy within 3 months of death) 12/1

Major findings: Of operations - Of autopsy -

Duration 1 1/2 yr  
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?

23. Signature Alfred H. Scherer (M. D. or other) M.D.  
Address 818 Olive St. Date signed 6/17/42

Dr. Saeffer  
Paul Brown Bldg.

Ca, 2781

Pa, 1079

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**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 A. M. Permitt*  
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.**