U. S. No. 2
M—1-4-41
Rev. 5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34721

Registration District No. 19184 FILED NOV 6

Primary Registration District No. 200

Registrar's No. 2726

96

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6609 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6609 St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES M. BILES.
3. (b) If veteran, name war None
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 Emma Biles.
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased February (Month) 19, (Day) 1855. (Year)

8. AGE: Years 87 Months 8 Days 6 If less than one day hr. min.

9. Birthplace ? (City, town, or county) N. Carolina (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER
12. Name Alexander Biles.
13. Birthplace ? (City, town, or county) N. Carolina (State or foreign country)
MOTHER
14. Maiden name Mary Burgess.
15. Birthplace ? (City, town, or county) N. Carolina (State or foreign country)
16. (a) Informant Mrs. Maude Zell.
(b) Address 6609 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) OCT 27 1942 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th. year 1942 hour 4 minute 57 A.M.
21. I hereby certify that I attended the deceased from Sept 20th, 1942, to October 25th, 1942, that I last saw him alive on October 24th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic myocarditis ?
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (e) Means of injury

23. Signature James W. Lieber (M. D. or other) D.O.
Address 6201 Lotus Ave. Date signed 10-26-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. James Hicks.
6201 Lotus Ave.
10- to 12
Mulberry 1650.

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L.

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.