

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1035

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:
Tucker Truck Terminal 1211 Hadley.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2003a N. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elmer Miles

3. (b) If veteran, name war none 3. (c) Social Security No. 361-05-3334

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

6. (b) Name of husband or wife Eleanore Miles 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 13 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 16 hr. min.

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

10. Usual occupation Freight Checker

11. Industry or business Tucker Truck Lines

12. Name Jasper A. Miles

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

14. Maiden name Melvina Pierze

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

16. (a) Informant Mrs. Eleanore Miles

(b) Address 2003a N. Florissant Ave.

17. (a) Burial (b) Date thereof Feb. 2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem, Anna, Ill.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 1 1943 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th.
year 1943 hour 8:00 minute PM M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Right Coronary Thrombosis.

Due to.....

Due to.....

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

Major findings: 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 Thomas J. Callahan (M. D. or other)

Address Deputy Coroner Date signed 2/1/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 12 1949

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 Homer L. Ponder.....

Licensed Embalmer No. 3367.....

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.