

FILED JUN 9 1948 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
BARNES HOSPITAL
(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 WILLIAM LEWIS MILES

3. (b) If veteran, name war _____
3. (c) Social Security No. 327 12 1233

4. Sex M 5. Color or race W
6. (b) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lela F
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased sept 1 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 30
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Richards Miles

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

14. Maiden name Hanna Fearney

15. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lela Miles

(b) Address East St. Louis Ill

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation st Ferdinand Ho Cem

18. (a) Signature of funeral director Jay B Smith

(b) Address 7456 Manchester Ave

19. (a) JUN 2 1948 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 11
(c) City or town East St. Louis - N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21
year 1947 hour 7:35 minute P. M.

21. I hereby certify that I attended the deceased from MAY 19 1943 to MAY 31 1943
that I last saw h.i.m. alive on MAY 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Kidney damage Acute

Due to Chronic osteomyelitis of leg

Other conditions Non-healing
(Include pregnancy within 3 months of death)

Major findings: Of operations 123

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 M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 6/1/48

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

Alfred Hoppe

Licensed Embalmer No. *2971*

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.