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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39175

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2673

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Months 21 days (Specify whether
In this community 7 months 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 88

(c) City or town Moberly, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME James H. Niles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Eliza Ann Walters

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

7. Birth date of deceased July 19, 1850 (Month) (Day) (Year)

8. AGE: Years 93 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Henry Niles
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Rolls
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Homes
(b) Address Ballwin, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rindley Ills.

18. (a) Signature of funeral director Geo. L. Pleitsch
(b) Address 5966 Easton Av.

19. (a) DEC - 3 1943 (Date received local registrar) (b) E. G. McGavran, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2 year 1943 hour 1:53 minute P. M.

21. I hereby certify that I attended the deceased from April 11th 1943 to December 2 1943 that I last saw him alive on December 2nd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arteriosclerosis - Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93d

Duration

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 R. W. Jansen (M. D. or [illegible])

Address Manchester Mo Date signed 12/2/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....Geo. L. Reitzel.....

Licensed Embalmer No.....837.....

P. O. Address.....St. Louis Mo.

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.