

Registration District No. **318** Primary Registration District No. **1003**

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:  
**2506 W. Palm St. /**  
(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 Isabelle Miles**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **Female** / Color or race **White**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Francis E. Miles**  
6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **Oct. 12 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>2</b>	<b>3</b>	_____hr. _____min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Mo. /**

10. Usual occupation **Housewife**

11. Industry or business **Home**

**MOTHER FATHER**  
12. Name **Robert Bowers**  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Mo. /**  
14. Maiden name **Mary Manning**  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Mo. /**

16. (a) Informant **Francis E. Miles**  
(b) Address **2506 W. Palm St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 17 1943**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Perryville Mo**

18. (a) Signature of funeral director **Drehmann Harral**  
(b) Address **1905 Union Blvd.**

19. (a) **DEC 16 1943** (Date received local registrar) (b) **J. Bredeck** (Registrar's signature)

**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. **2506 W. Palm St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **15**  
year **1943** hour **5** minute **20** A. M.

21. I hereby certify that I attended the deceased from **October 9 1943** to **December 14 1943**  
that I last saw her alive on **December 14 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Carcinoma of lung</b>	<b>7</b>
Due to <b>Carcinoma of liver?</b>	<b>?</b>
Due to <b>Carcinoma of stomach?</b>	<b>?</b>
Other conditions <b>Primary site of stomach</b> (Include pregnancy within 3 months of death)	
Major findings: Of operations _____	<b>PHYSICIAN</b>
Of autopsy <b>Hb</b>	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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **Paul C McElvain** (M. D. or other) **O. M. D.**  
Address **4356 Yarnes Av** Date signed **12/16/43**

---

---

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.**