S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5146

State File No. 2075

Registration District No. FILED MAR 13 1944 918

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3215 Franklin Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 3318 Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis Giles

3. (b) If veteran, name war no. W.W. II

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Col.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 5, 1922
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
22	0	23	hr. min.

9. Birthplace Little Rock Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business

12. Name George Giles

13. Birthplace ? So. Caroline /
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Holt

15. Birthplace Little Rock Ark. /
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Robinson

(b) Address 3318 Delmar Blvd.

17. (a) Burial (b) Date thereof Mar. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) MAR 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Feb.
year 1944 hour 4 minute 40 P.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 Internal Hemorrhage from Gun shot wound of pulmonary artery at the heart of one.

Due to Eli Johnson cut in a pool-room 3215 Franklin Ave about

Due to 4:40 PM Feb 28 1944

Duration

Other conditions
(Include pregnancy within 3 months of death) 166

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) Homicide

(b) Date of occurrence Feb 28 1944

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? no (e) Means of injury Gunshot

23. Signature James Fitzpatrick Coroner
(M. D. or other)

Address 1300 Clark 2 Date signed 3-1-44

(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 Arthur L. Hilliard,

Licensed Embalmer No. 4221

P. O. Address 4219 E Harfield

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.

BC
C

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of City St. Louis } ss.

State File No. 514

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2075

On this 29 day of September, 1944, before me appears Lulu Robinson, who, upon her oath, states that the original record of ~~birth~~ death for Lewis Giles died 2-28-1944, 19..., in the State of Missouri, and which was filed at ~~XXXXX~~ on ..., 19..., should be corrected as follows:

Item No. 3b should read World War #2

Instead of No

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Corrected 9-29-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lula Robinson Mother
Relationship.

3318 Delmar
Present Address.

Subscribed and sworn to before me this 29 day of Sept, 1944.

My Commission expires My Commission Expires March 4, 194[illegible] Ezel Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929