

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29793**
Registrar's No. **7999**

FILED SEP 30 1944
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
St. Louis Children's 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) **0**

3. (a) PRINT FULL NAME **IRVIN EUGENE SKILES**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 0

5. Color or race **White** 0

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Sept. 15 1943**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
3	0	1	hr. min.

9. Birthplace **Union County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **Leater Woodrow Skiles**

12. Name **Lester Woodrow Skiles**

13. Birthplace **McClure Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Miller**

15. Birthplace **McClure Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L.W. Skiles**

(b) Address **1826 N. 17th St.**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **9-16-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **Jonesboro, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **SEP 18 1944** (Date received local registrar)

J. P. Prudech (Registrar's signature)

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. **1826 N. 17th St.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16th**
year **1944** hour **4** minute **55** A.M.

21. I hereby certify that I attended the deceased from **9-11-44**
1944 to **9-16** 1944

that I last saw him alive on **9-16** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemic Bacillary**
Stolic Myocarditis

Due to **Hiss-Past bacillus**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **27**

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature **Gilbert B. Forber** (M. D. or other)

Address **500 B. King Highway** Date signed _____

(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

John Agnoski

Licensed Embalmer No. *3398*

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.