

FILED DEC 2 1945

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Primary Registration District No. 1003

Registrar's No. 10235

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Enroute to City Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2351 Lafayette Ave.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1945 hour 10 minute 47 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: *Mediastinal Aneurysm  
with rupture of sternum under the  
aortic arch he was driving in the  
heavy traffic on Collins with  
a sudden emergency one day  
suddenly and struck the bulby  
of the toll house on the  
approach of the bridge  
around 10:47 AM Nov. 22 1945*  
Major findings: *Mediastinal Aneurysm on the  
left of the deceased.*  
Of autopsy.....

Duration of illness  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Clarence Leroy Liles

3. (b) If veteran, name war Nil  
3. (c) Social Security No. Unknown

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Liles  
6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: November 25 1914  
(Month) (Day) (Year)

8. AGE: Years 30 Months 11 Days 27  
If less than one day hr. min.

9. Birthplace: Morehouse Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Cab Driver

11. Industry or business

12. Name: James Liles

13. Birthplace: Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name: Blanche Whitson

15. Birthplace: Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant: Ira Liles

(b) Address: Elvins, Mo.

17. (a) Burial (b) Date thereof: 11-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Missouri

18. (c) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) NOV 27 1945 (b) J. F. Brudeck (c) Registrar's signature

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

MOTHER FATHER

10235

10235

JUL 8 1984

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 Ogonoski  
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.