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v. 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. 14411

FILED MAY 6 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 947

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

13311

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town Lindberg & Page Rd.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County Oak

(c) City or town ST. LOUIS. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 a Benton Ter. 7
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME GLEN ANDREW PILES.

3. (b) If veteran, name war World War #2

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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 Sept (Month) 19 (Day) 1926 (Year)

8. AGE: Years 19 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Not employed

11. Industry or business

FATHER
12. Name Edgar I. Piles. 0
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Kimes.
15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

16. (a) Informant David Piles.
(b) Address 2223 a Benton Ter.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3. 46 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles CeM.

18. (a) Signature of funeral director Edith E. Ambruster.
(b) Address 4234 Manchester Ave.

19. (a) 5-1-46 (Date received local registrar) (b) E G McGarvey M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 3:30 minute A 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 Compound fracture of skull

Due to Impact to the head when ~~xxxxxx~~ collision occurred ~~xxx~~ between car in which he was a passenger & another auto.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

~~XXXXXX~~

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) Accident 96

(b) Date of occurrence April 27, 1946

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

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

While at work? No (e) Means of injury Blunt Impact Cor.

23. Signature Arnold J Willmann Coroner (~~XXXXXX~~)

Address Clayton Date signed 4/29/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1946

MAY 7: 1946

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 Florence Eyrock

Licensed Embalmer No. 1284

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.