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FILED DEC 2 1946
Registration District No. **317**

Primary Registration District No. **6876**

Registrar's No. **3345**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **cos. Mo.**

(c) Name of hospital or institution: **Robert Wood Hospital (O)**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 days**
(Specify whether In this community **20 years** years, months or days)

3. (a) PRINT FULL NAME **VILES, Ora. Vou**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Male** 5. Color or race **wh**

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

6. (b) Name of husband or wife **Eric Morgan** 6. (c) Age of husband or wife if alive **9-89** years

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

8. AGE: Years Months Days If less than one day

57 10 15 hr. min.

9. Birthplace: **Poppe County, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Factory Worker**

11. Industry or business

MOTHER FATHER

12. Name **Geary (M) Viles**

13. Birthplace **Paek Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Erica Marie Morgan**

15. Birthplace **Paek Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Wood H. Records**

(b) Address **St. Louis Co.**

17. (a) **Burial** (b) Date thereof **Nov. 26, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem**

18. (a) Signature of funeral director **Chas. A. Bull**

(b) Address **4452 Washington St**

19. (a) **12/26/46** (b) **Arthur D. Blum**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **cos.**

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

(d) Street No. **2506 N 20th** (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **24** year **1946** hour **7** minute **58 A.M.**

21. I hereby certify that I attended the deceased from **XI-8**, 19**46**, to **XI-64**, 19**46**; that I last saw him alive on **XI-23-46**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pulm. Tuberculosis** Duration **2 yrs**

Due to **136**

Due to

Other conditions (Include pregnancy within 3 months of death)

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)

(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) (e) Means of injury

23. Signature **Dr. John F. Valis** (M. D. or other)

Address **Robert Wood Hospital** Date signed **11/24-46**

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

FEB 19 1947

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..... *Ray Campbell*
Licensed Embalmer No..... *3881*
P. O. Address..... *4855 Washington*

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.