S. No. 2
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P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32808

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8901

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Barnes Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Gray Summit 0 (If outside city or town limits, write "RURAL")

(d) Street No. NR (If rural, give location) 0

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

If yes, name country ✓

3. (a) PRINT FULL NAME Gertrude Helen Miles

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry Miles

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

7. Birth date of deceased Dec. 31 1908 (Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Arthur Schoffner 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nellie Shelton
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Harry Miles

(b) Address Gray Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/47 (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek Cem Gray Summit

18. (a) Signature of funeral director Jno L Thielen Mo

(b) Address Pacific Mo.

19. (a) SEP 23 1947 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1947, to Sept 22, 1947, that I last saw her alive on Sept 22, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure c̄ loss of blood

Due to Intra-cranial tumor meningioma of brain

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature F. R. Bradley (M. D. or other)

Address Barnes Hospital Date signed 9/22/47

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 * 1940

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 Jno. L. Hughes

Licensed Embalmer No. 300 E

P. O. Address Pacific, 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.