No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17841

FILED MAY 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4399

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros. Hosp. 0
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4154 Osceola 9
(If rural, give location)
15
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Robert Miles
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Ethel Morgan, Dec.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 24 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	16	hr. min.

9. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Restaurant
11. Industry or business
FATHER
12. Name Joseph Miles
13. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Moore
15. Birthplace Perry County, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruby Young
(b) Address 4621 Tieman
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville, Mo.
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1948 hour 6: minute 00 A. M.
21. I hereby certify that I attended the deceased from 1/28, 1948, to 4/10, 1948
that I last saw him alive on 4/9/48, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 wk
Due to: Arteriosclerotic Heart Disease and Hypertension	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN
Underline the cause of 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 Robert W. Tichenor (M. D. or other)
Address 4602 Graving St. Louis Date signed 4/10/48

R. W. Tichenor

Jefferson City Printing Co. (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 Thomas R Lenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.