

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

1003 State File No. 21463
Registrar's No. 5142

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berryman 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Thornton c. (Last) Stiles			4. DATE OF DEATH (Month) (Day) (Year) June 4, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 30, 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Hartford, Conn. /		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Frank S. Stiles		13b. MOTHER'S MAIDEN NAME Carlotte Taylor		14. NAME OF HUSBAND OR WIFE Ethel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 521-05-5607		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Stiles, Berryman, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION <i>Pulmonary Embolism; Lr of leg; suffered about 300 pm Monday 4/4/51, when deceased fell from leading deck of E.C. Miller Trans-Portation Co at 604 Chautau Ave</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1951</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>When tractor-trailer moved causing bridge to fall causing deceased to fall to the ground</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>600 Accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 17 51 3:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E9026</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 300A m., from the causes and on the date stated above. 9

22a. SIGNATURE (Degree or title) <i>Catrel E. Taylor, Coroner</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6. 4. 51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-4-51	24c. NAME OF CEMETERY OR CREMATORY New Masonic	24d. LOCATION (City, town, or county) (State) Potosi, Mo.
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DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE JUN 4 1951 <i>J. B. Lanster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

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.