

STANDARD CERTIFICATE OF DEATH

- State File No. **40993**

BIRTH NO. **11511** NOV 22 1952 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **2965**

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 4336	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 6825 Pershing	
d. FULL NAME OF HOSPITAL OR INSTITUTION Maplewood Nursing Home			

3. NAME OF DECEASED (Type or Print) Oscar Lane Miles			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1952		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 15, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 12 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Mfg. Retired	10b. KIND OF BUSINESS OR INDUSTRY Candy	11. BIRTHPLACE (State or foreign country) Knightstown, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Miles	13b. MOTHER'S MAIDEN NAME Mary Jones	14. NAME OF HUSBAND OR WIFE Harriet Miles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Inez Mann, 6825 Pershing	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days 10-yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis of cerebral arteries DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 10, 1952, to Nov 18, 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 5:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Jones M.D.	23b. ADDRESS 4500 Olive St. St. Louis	23c. DATE SIGNED Nov 18 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/19/52	24c. NAME OF CEMETERY OR CREMATORY Wabash, Ind.	24d. LOCATION (City, town, or county) (State) Wabash, Ind.
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DATE REC'D BY LOCAL REG. 11-18-52	REGISTRAR'S SIGNATURE Herbert R. Dombke-M.D.	25. FUNERAL DIRECTOR'S SIGNATURE MORRIS W. CRAIG	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADEING 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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edward H. Remelius

Licensed Embalmer No. 4283

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.