

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3184

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>0270</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Mo.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>				e. STREET ADDRESS <b>5603 Delmar</b> (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <b>Carrie B Giles</b>				a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Female</b>				6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>8-7-81</b>	
9. AGE (in years last birthday) <b>71</b>				10. MONTHS <b>1</b>		11. DAYS <b>9</b>		12. HOURS <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri, St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>George Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Emma MacClish</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Nevill Giles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecil L. Giles</b> ADDRESS <b>Webster Groves, Mo.</b>			
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <b>15.7X</b>	
22. I hereby certify that I attended the deceased from <b>11-22, 1952</b> to <b>1-9, 1953</b> , that I last saw the deceased alive on <b>1-9, 1953</b> , and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. T. Fitzgerald MD</b> (Degree or title)				23b. ADDRESS <b>1325 S. Grand</b>				23c. DATE SIGNED <b>1-10-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>1-12-1953</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b> (State) <b>St. Louis, Mo.</b>	
24d. LOCATION (City, town, or county) _____				25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b> ADDRESS <b>7233 Delmar Blvd</b>					
DATE REC'D BY LOCAL REG. <b>JAN 10 1953</b>				REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b> ADDRESS <b>7233 Delmar Blvd</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*Clarence H. Murray*

Licensed Embalmer No.

*4611*

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.