

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23268

State File No.

FILED JUN 26 1953

317

531

1623

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		a. STATE Arkansas		b. COUNTY	
c. LENGTH OF STAY (in this place) 18 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Bluff		d. STREET ADDRESS (If rural, give location)		8120 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Old Peoples Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) MAMIE	b. (Middle) ESTELLE	c. (Last) MILES	June 10, 1953.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1, 1864		9. AGE (In years last birthday) Months Days Hours Min. 89		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Florida		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claiborne G. Mobley		13b. MOTHER'S MAIDEN NAME Susan Walker		14. NAME OF HUSBAND OR WIFE Samuel Miles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Files of C.O.P.H. 6600 Washington Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarct.				4 hrs	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Seribility					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420-1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-40 , 19 40 , to 6-10 , 19 53 , that I last saw the deceased alive on June 7, 1953 , and that death occurred at 10:55 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. R. ... M. K.			23b. ADDRESS 607 N. Grand			23c. DATE SIGNED 6-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1953	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 6-11-53		REGISTRAR'S SIGNATURE Hackett R. ... M. D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave			

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Dennis
Licensed Embalmer No. 4194
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.