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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

State File No. 2809
Registrar's No. 0235

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 2809		Registrar's No. 0235			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2069							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 1 1/2 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5621 Wells Avenue.				e. STREET ADDRESS (If rural, give location) 6 5621 Wells Avenue.							
3. NAME OF DECEASED (Type or Print) FANNIE GILES				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) January 8, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify)		8. DATE OF BIRTH Oct 21, 1860		9. AGE (In years last birthday) 85		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) Dept Store Sales Clerk				10b. KIND OF BUSINESS OR INDUSTRY Retired 10 years		11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Howden			13b. MOTHER'S MAIDEN NAME Sophia Clark			14. NAME OF HUSBAND OR WIFE Josph GILES					
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. 491-14-5704A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Jane Greaves, 1203 N. Florissant Rd.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aged 85 yrs DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓						INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21f. HOW DID INJURY OCCUR? ✓		22. I hereby certify that I attended the deceased from 3-20-53, 19, to 8-54, 19, that I last saw the deceased alive on 1-8-54, 19, and that death occurred at 8:30P.m., from the causes and on the date stated above.						4222			
23a. SIGNATURE (Degree or title) J. Carl Smith M.D.				23b. ADDRESS 6251 Lottin Ave				23c. DATE SIGNED 1-9-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 11, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 11 1954		25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home, 1167 Hamilton Ave.				ADDRESS					

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.....
Signature of Student Embalmer

Signed..... *Fred J. Farmer*

Licensed Embalmer No. *47*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.