

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14320**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 939

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY OR TOWN <u>University City</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>6947 Columbia Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>6947 Columbia Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>T.</u> c. (Last) <u>MILES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>secy-treas.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cole Chemical Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Albert C. Miles</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Constable</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha E. Miles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-09-9260</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard Miles, 6947 Columbia Ave.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Oral Cavity (Gingiva)</u>		
	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. <u>Metastases to Cervical lymph nodes of neck</u>			

19a. DATE OF OPERATION <u>4/4/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>① Resection of maxilla ② Radical neck dissection</u>		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) <u>194X</u> (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 Oct 2, 1953, to April 18, 1954, that I last saw the deceased alive on April 15, 1954, and that death occurred at 7:25P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.X. Palotta</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Immuneri Theater Bldg, St. Louis</u>	23c. DATE SIGNED <u>4/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. L. County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/21/54</u>	REGISTRAR'S SIGNATURE <u>Richard B. Lambke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons, 6175 Delmar Bl.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. F. X. Paletta
Mo Theatre Bldg
Je 1-8146

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 *James E. McCulloch*.....

Licensed Embalmer No. *2960*.....

P. O. Address *6175 Du*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.