

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10741

State File No. _____

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2977**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In 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) 2 days		e. STREET ADDRESS (If rural, give location) 5622 Delmar	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Thomas c. (Last) Miles			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1891	9. AGE (In years last birthday) 65	# UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Gasen Drug Co.		11. BIRTHPLACE (City and State or Foreign Country) Centralia, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Thomas Miles		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eileen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eileen Miles ADDRESS 5622 Delmar	

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 years +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) coronary arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Arteriosclerotic			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 420.0		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?	

22. I hereby certify that I attended the deceased from **24 Mar**, 1957, to **20 Mar**, 1957, that I last saw the deceased alive on **25 Mar**, 1957, and that death occurred at **6:40 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. J. Mangelberg M.D.		23b. ADDRESS 238 Park Road, Salem, Mo.		23c. DATE SIGNED 26 Mar 57	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 3-26-57		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	
				24d. LOCATION (City, town, or county); (State) Salem, Mo.	

DATE REC'D BY LOCAL REG. MAR 27 57		REGISTRAR'S SIGNATURE Carl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 12345
 Date of Death
 Name of Deceased
 Residence
 City
 State
 County
 Age
 Sex
 Race
 Cause of Death
 Burial Place
 Name of Undertaker
 Address of Undertaker
 City
 State
 County

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 *G. W. Wilkins*

Licensed Embalmer No. *3571*

P. O. Address *M. Lewis*

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.