. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-019957
STATE FILE NUMBER

ILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5991

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☒ No ☐

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4809 Labadie — Length of stay in lb 8½ yrs. 2069

d. STREET ADDRESS (If outside, give location) 4809 Labadie — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LILLIAN Middle L. Last MILES

4. DATE OF DEATH Month 6 Day 7 Year 1958

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Jan. 29, 1891

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 4 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Attendant Hosp.

11. BIRTHPLACE (City and state or country) Liberty, Miss.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Holmes

13b. MOTHER'S MAIDEN NAME Lydia Mathews

14. NAME OF HUSBAND OR WIFE Robert Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. —

17. INFORMANT Mary Seward Address 4809 Labadie

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma (Generalized) — INTERVAL BETWEEN ONSET AND DEATH 3/19/57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stomach (Adeno Carcinoma) — 6/7/58
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/19/57 to 6/7/58 and last saw her/him alive on 6/7/58
Death occurred at 6:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Sinks, MD. 0

22b. ADDRESS 4503 Page Blvd

22c. DATE SIGNED 6/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6/11/58

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Charles J. Gates ADDRESS 4107 Finney

25. DATE RECD. BY LOCAL REG. JUN 10 58

26. REGISTRAR'S SIGNATURE J Carl Smith MD MXB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

## 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 Gaylon Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.