Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019989
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5603

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) 27 Homer G. Phillips — Length of stay in 1b 2	d. STREET ADDRESS (If outside, give location) 219 911 North Cardinal — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Isaac Middle Last Myles	4. DATE OF DEATH Month 5 Day 26 Year 58		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 4 Jan 1916
9. AGE (In years last birthday) 42	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Burkeville Ala	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Johnny Mack Miles	13b. MOTHER'S MAIDEN NAME Gussie Jones	14. NAME OF HUSBAND OR WIFE Matilda Miles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Matilda Miles Address 911 N. Channing	

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) Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 201x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstructive Jaundice Hydrothorax

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 5-16-58, to 5-26-58 and last saw her/him alive on 5-26-58

Death occurred at 8:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. A. Mason, M.D.	22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 5-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 31 May 1958	23c. NAME OF CEMETERY OR CREMATORY Washington Park
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.		
24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 N. Union	25. DATE RECD. BY LOCAL REG. MAY 29 '58	26. REGISTRAR'S SIGNATURE Earl Smith MD M.B.

(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 John K Cunningham
Licensed Embalmer No. 4476
P. O. Address 2405 Mara

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.