

XC 14300198

SL 17738

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041970

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11504

300
1-57

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, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		c. CITY OR TOWN ST LOUIS, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 2239 2654 ARMAND ST.	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JOSEPH KERMIT MILES		4. DATE OF DEATH Month Day Year NOV 27 1958	
5. SEX MALE	6. COLOR OR RACE BLACK WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/8/08
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done (If not in work, give occupation, if retired) PATTERN MAN	11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI
10a. KIND OF BUSINESS OR INDUSTRY KALMON SHOE CO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES MILES		13b. MOTHER'S MAIDEN NAME ISABELLE MOORE	
14. NAME OF HUSBAND OR WIFE GERTRUDE MILES		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If yes, give branch and dates of service) VA H I	
16. SOCIAL SECURITY NO. 493070909		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS, PRIMARY SITE UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 199.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA (AT AUTOPSY)			INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS+ +
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE 9/2/58 11/27/58	
21. attended the deceased from 3:20 AM to 11/27/58 and last saw him alive on 11/27/58 Death occurred at 3:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B.W. Justus M.D. B.W. JUSTUS M.D.	
22b. ADDRESS VAH, ST LOUIS, MISSOURI		22c. DATE SIGNED 11/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 1 1958	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	23d. LOCATION (City, town, or county) (State) ST LOUIS MO.
24. FUNERAL DIRECTOR Thomas Kutek 2906 Gravois		25. DATE RECD. BY LOCAL REG. DEC 1 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Herbert J. Lee Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Richmond, Va. 23270*

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.