

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023199

FILED JUL 13 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6313**

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 St. Louis		Length of stay in lb 53 YRS	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp. Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2837 A Miami	
3. NAME OF DECEASED (Type or print) First William Middle Frank Last Miles			4. DATE OF DEATH Month July Day 2 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-81	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned Watchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Brewer, Perry Co. Mo.	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Hilary F. Miles		13b. MOTHER'S MAIDEN NAME Emilia Blandford	
14. NAME OF HUSBAND OR WIFE Philomena Heisserer Miles		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-01-1017	
17. INFORMANT Mrs. Adolph (Rachel) Hallenberg Goener		Address 5854a		Interval between ONSET AND DEATH 3 days.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest DUE TO (b) Extramedullary Pneumatoma DUE TO (c) Fracture C-1-2, Odontoid Process					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell on bank of Big River at De Soto, Mo.	
20c. TIME OF INJURY Hour 2:30 AM Month 6 Day 29 Year 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bank of Big River 6 S			
20e. CITY, TOWN, OR LOCATION De Soto, off Hwy 21 Jefferson MO.		20f. COUNTY Jefferson			
20g. STATE MO.		20h. DATE July 2, 1959			
21. I attended the deceased from 1.00 to July 1, 1959 and last saw him alive on July 1, 1959		21. Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William S. Cannon MD			22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED July 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-6-59		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. DATE RECD. BY LOCAL REG. JUL 3 '59		23f. REGISTRAR'S SIGNATURE Earl Smith, M.D.	
24. FUNERAL DIRECTOR Beiderwieden Funeral Home		24. ADDRESS 3620 Chippewa		24. SIGNATURE mjs	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 453

P. O. Address Albany

- 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.