

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0-45771

FILED VS JAN - 4 1960

211702

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

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 Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmiry		d. STREET ADDRESS (If outside, give location) 4761 Cote-Brilliante	

3. NAME OF DECEASED (Type or print) First Walter Middle NMN Last Myles			4. DATE OF DEATH Month 12 Day 13 Year 1959			
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-4-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 3 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Mississippi		
13a. FATHER'S NAME Ike Myles		13b. MOTHER'S MAIDEN NAME Meelie Taylor		14. NAME OF HUSBAND OR WIFE Ella Myles		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT Ella Myles	Address 4761 Cote-Brilliante
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure <i>Coronary Artery Disease</i> hypertension		INTERVAL BETWEEN ONSET AND DEATH 443x
DUE TO (b)		
DUE TO (c)		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 8-1-59	20f. CITY, TOWN, OR LOCATION 12-13-59	COUNTY 12-13-59	STATE
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21. I attended the deceased from **Aug 11 59** to **12/13/59** and last saw her/him alive on **12/11/59**.
Death occurred at **8 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter A. Younge	(Degree or title) M.D.	22b. ADDRESS 4635 Easton	22c. DATE SIGNED 12-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-13-59	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Ellis Funeral Home	ADDRESS 2820 Stoddard Street	25. DATE RECD. BY LOCAL REG. DEC 17 1959	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fulton G. Culbertson

Licensed Embalmer No. 4198

P. O. Address St. Louis,

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.