

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013399

FILED VS. APR 4 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3144**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b D.O.A.		c. CITY OR TOWN Detroit		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 18636 Sorrento Ave.		
3. NAME OF DECEASED (Type or print) First Middle Last James Preston Wiles				4. DATE OF DEATH Month Day Year March 13 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-21-08		
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Manager				10b. KIND OF BUSINESS OR INDUSTRY I.B.M.		11. BIRTHPLACE (City and state or country) Joplin, Missouri		
12. CITIZEN OF WHAT COUNTRY U.S.A.								
13a. FATHER'S NAME James P. Wiles				13b. MOTHER'S MAIDEN NAME Minnie B. Russell		14. NAME OF HUSBAND OR WIFE Exie A. Wiles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 347-05-0984		17. INFORMANT Address Philip A. Wiles, 2216 View, Texas Pasadena,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation due to hanging						INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						974x		
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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) Suffered when attempted to hang himself in room 1009 at St Louis Hotel on March 13 1960				
20c. TIME OF INJURY 1125 p.m.		Hour Month, Day, Year 3 13 1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel		20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo						
21. I attended the deceased from _____ to _____ and last saw her him live on _____ Death occurred at 1230 A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Tabric Taylor Cooney				22b. ADDRESS 1300 Clark			22c. DATE SIGNED 3.17.60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-18-1960		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) (State) Pagedale, Missouri		
24. FUNERAL DIRECTOR Baumann Bros. Inc. Overland, Mo.				25. DATE RECD. BY LOCAL REG. MAR 17 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

mjb

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 David C. Gitea

Licensed Embalmer No. 3453

P. O. Address Carland

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.