

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039514

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2820

STATE FILE NUMBER

FILED OCT 26 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in 1b WKS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3451 Halliday Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Charles Middle B. Last Giles 4. DATE OF DEATH Month October Day 5 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/29/1888 9. AGE (last birthday) 73
 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) Retired Superintendent 10b. KIND OF BUSINESS OR INDUSTRY Out-Door Adv. Co. 11. BIRTHPLACE (City and state or country) Huntingdon, Penn. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME William Giles 13b. MOTHER'S MAIDEN NAME Ella McCahan 14. NAME OF HUSBAND OR WIFE Ruth K. Giles
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 17. INFORMANT Address Ruth K. Giles, 3451 Halliday

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of pancreas with metastases to spleen, liver, left lung, lung, and small bowel
 DUE TO (b) liver, left lung, lung, and small bowel
 DUE TO (c) small bowel
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 1 mo.

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 1:15 p.m. Month, Day, Year 9/11/1961

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.) 4660 Maryland 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY St. Louis Co., Mo. STATE Mo.
 21. I attended the deceased from 9/11/1961 to 10/5/1961 and last saw him alive on 10/5/1961
 Death occurred at 1:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thompson Parker MD 22b. ADDRESS 4660 Maryland 22c. DATE SIGNED 10/6/61
 23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 23b. DATE 10-6-61 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd. 25. DATE RECD. BY LOCAL REG. 10-6-61 26. REGISTRAR'S SIGNATURE John C. Mumfery MD

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 William L. Kemper

Licensed Embalmer No. 403-2

P. O. Address 4911 N. 11th St.

St. Louis, Mo.

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.