

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-042432

AMENDED

DATE REVISED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11304 STATE FILE NUMBER

**FILED DEC 12 1961**

1. PLACE OF DEATH  
 a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN DeSoto Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospital, Inc. Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) 409 S. 4th St Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Clifton Middle W Last Giles

4. DATE OF DEATH Month December Day 4 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-19-1893 9. AGE (last birthday) 68

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penr. Car Repairman 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Fulton, Kentucky 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Giles 13b. MOTHER'S MAIDEN NAME Susania Hickman 14. NAME OF HUSBAND OR WIFE Beulah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1 17. INFORMANT Address Beulah Giles 409 S.4th St. DeSoto, 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) Thrombotic Emboli

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelonephritis, Acute

DUE TO (c) Pleural adhesions, left

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.  Yes  No  Unknown

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.) 519.0

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 25, 1961 to December 4, 1961 and last saw him alive on December 4, 1961

Death occurred at 10:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D. 22b. ADDRESS 1755 S. Grand Blvd. 22c. DATE SIGNED 12-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 12-7-1961 23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery 23d. LOCATION (City, town, or county) (State) Shawn, Tennessee

24. FUNERAL DIRECTOR ADDRESS Mahn Bros. Funeral Home, DeSoto, Mo. 25. DATE RECD. BY LOCAL REG. DEC 5 1961 26. REGISTRAR'S SIGNATURE [Signature] M.D.

JAN 30 1962

DEC 13 1961

**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 Samuel J. Malin

Licensed Embalmer No. 4326

P. O. Address Alc Soto, Jr.

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.