

ED APR 28 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 3626

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 Grattan St
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ernest W. Shiles

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Magline Shiles
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb 21 1909
(Month) (Day) (Year)

8. AGE: 34 years Months 13 Days 26
If less than one day hr. min.

9. Birthplace Peters (City, town, or county) mo 0 (State or foreign country)

10. Usual occupation.....

11. Industry or business Labor

12. Name Bell Shiles

13. Birthplace old maver (City, town, or county) mo 0 (State or foreign country)

14. Maiden name Dorah A. Shiles

15. Birthplace Peters (City, town, or county) mo 0 (State or foreign country)

16. (a) Informant Robert Shiles

(b) Address 1317 Grattan St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Peters

18. (a) Signature of funeral director L. L. Sparks

(b) Address Peters

19. (a) APR 19 1943 (Date received local registrar)

J. F. Brundick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death 1st and 3rd Degree Burns of Entire Body due to clothing becoming afire while Due to pouring kerosene into the carburetor of a automobile Due to at 6th and Park ave about 1:00 PM 4-8-43
Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations 181
Of autopsy 181

22. If death was due to external causes, fill in the following:
(a) Accident (b) Date of occurrence 4-8-43
(c) Where did injury occur? St. Louis (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? (c) Means of injury.....
23. Signature Alfred Perry (M. D. or other)
Address St. Louis Date signed 4/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

12-1-1918

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.....

No Embalming....., Registered Apprentice No.
working under my personal supervision.

Signed *H. L. Marks*.....

Licensed Embalmer No.

P. O. Address *Peters No.*.....

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 this body is not embalmed, fact should be so stated above.