

FILED NOV 1 1943 818

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 9348

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 hrs. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME MILES, BABY GIRL

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10-20-43
(Month) (Day) (Year)

8. AGE: Years _____ Months 03 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Robert Durand Miles
13. Birthplace St. Louis, Mo.
14. Maiden name Peggy Vernice Stov
15. Birthplace Akron Ohio

16. (a) Informant O. Nichols

(b) Address 500 S. Knip highway

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Oct 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Ray B. Smith

(b) Address 7456 Maplehurst mapewood

19. (a) OCT 25 1943 (b) J. J. Burch
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Mason (If rural, give location) K.P.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23
year 1943 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from 10-22
_____, 1943, to 10-23, 1943;
that I last saw her alive on 10-23, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis fetalis

Due to _____

Due to _____

Other conditions 161
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place) (e) Means of injury _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Blotman (M. D. or other) D

Address 500 S. Knip highway Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.

Maplewood