

S. No. 2
M-5-43
5-17-39
P I X3677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **14734**
Registrar's No. **3380**

Registration District No. **318** Primary Registration District No. **1003**

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

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 Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether in this community Elmer Cecil Giles years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 717 S. Madison Ave.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer Cecil Giles
(b) If veteran, name war Nil
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 18th
year 1946 hour 2 minute 15 M.
21. I hereby certify that I attended the deceased from November 15th, 1945 to April 18, 1946
that I last saw him alive on April 18, 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leta Giles
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 24 1879
(Month) (Day) (Year)

Immediate cause of death Hypertrophy of Prostate
Acute Prostatic Prostatitis
Duration 5 mps
6 wks

8. AGE: Years Months Days If less than one day
66 7 24 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 137
Major findings: Hypertrophy of Prostate
Of operations _____
Of autopsy _____

9. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation R.R. Agent Yardmaster

11. Industry or business _____
12. Name Henry Giles
13. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Copher
15. Birthplace Lincoln County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Leta Giles
(b) Address Webb City, Mo.
17. (a) Removal (b) Date thereof 4-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Webb City, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. A. Lembeck M.D. (M. D. or other)
Address 1755 S. Third Date signed 4-18-46

19. (a) APR 18 1946 (b) J. F. Bruesch
(Date received by Registrar) (Registrar's signature)

08256

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

Signed..... *W. Wilkinson*
Licensed Embalmer No..... *3575*

P. O. Address.....

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.