

FILED NOV 7 1947 **318**

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Eugene Chiles Jr.
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** Negro
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 _____
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Eugene Chiles
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Bruce
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur M. Sherard, R.N.
(b) Address 2601 N. Whittier

17. (a) Burial or cremation Burial **(b) Date thereof** 10-27-47
(Month) (Day) (Year)

18. (a) Signature of funeral director W. R. Denton
(b) Address 318 S. Rutland

19. (a) OCT 30 1947 J. F. Reddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8023 Alaska 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7
year 1947 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from 11:47 A.M.
9-22- 1947, to 9:10 A.M. 1947,
that I last saw him alive on 10-7- 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature West D. Miller (M. D. or other)
Address 2601 N. Whittier 10-8-47
Date signed

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.....

Licensed Embalmer No.....

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.