

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38530

State File No. 9256

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>9256</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u> City				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> OR TOWN			c. LENGTH OF STAY (In this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> OR TOWN			2119
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4281 A Maffitt AVE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Albert</u>		b. (Middle) _____		c. (Last) <u>Giles</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>27</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 9, 1892</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Fayetteville Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>		13a. FATHER'S NAME <u>Albert Giles</u>		13b. MOTHER'S MAIDEN NAME <u>Diceis</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Giles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>702 18 3108</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mable Giles</u> ADDRESS <u>4281 A Maffitt Ave</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Failure</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Abdominal Aorta Aneurysm</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HHBX</u>					
22. I hereby certify that I attended the deceased from <u>10-12</u> , 19 <u>50</u> , to <u>10-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-27</u> , 19 <u>50</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alvin Thompson</u> (Degree or title) <u>M. D.</u>			23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>10-30-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>Nov 1 st</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>9800 Natural Bridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 31 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Easter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u> ADDRESS <u>4247 1/2 W Labadie Ave</u>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed..... *James E. Woodson*

Signed.....
Student Embalmer

Licensed Embalmer No. *1371*

P. O. Address..... *St Louis Mo*

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.