

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6219**

FILED MAR 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1282**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>1 DOA</b>		c. CITY OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6124a Ridge Ave. 2069/0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES E</b> b. (Middle) <b>LATHEY</b> c. (Last) <b>GILES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9, 1954</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 15, 1899</b>	9. AGE (In years last birthday) <b>54</b>	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self-employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry, Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Edward Giles</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Porter</b>		
13c. NAME OF HUSBAND OR WIFE <b>Iva Mae Giles</b>		14. NAME OF HUSBAND OR WIFE <b>Iva Mae Giles</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>yes WW II</b>		
16. SOCIAL SECURITY NO. <b>488-03-5083</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Iva Mae Giles, 6124a Ridge</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pericarditis, myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pericardial effusion</b> DUE TO (c) <b>Renal damage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>liver damage, hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 Mo.</b> <b>1 Mo.</b> <b>rev. yrs.</b> <b>rev. yrs.</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4343</b>		
22. I hereby certify that I attended the deceased from <b>1-26</b> , 1954, to <b>2-9-54</b> , 1954, that I last saw the deceased alive on <b>2-7</b> , 1954, and that death occurred at <b>3:30 P. m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>J. B. Bennett M.D.</b>		23b. ADDRESS <b>5427 Delmar</b>		23c. DATE SIGNED <b>2-9-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Feb. 12, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		
24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl Smith Middleender &amp; Sons Inc. 6175 Delmar</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 24 1964

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe E. McCulloch*.....

Licensed Embalmer No. *296*.....

P. O. Address *6155-D*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.