

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3155

State File No.

FILED JAN 25 1956

Registrar's No. 29

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		State File No.		Registrar's No. 29			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY St. Louis				a. STATE Missouri		b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton			c. LENGTH OF STAY (in this place) DOA	c. CITY OR TOWN Overland (14)		423X		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 2330 Ashby Rd.							
3. NAME OF DECEASED (Type or Print) Mr. EBER			a. (First)		b. (Middle) EARL		c. (Last) CHILES		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1956		
5. SEX M.		6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 21, 1879		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pub. Sch.		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Indiana			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Benjamin Franklin Chiles			13b. MOTHER'S MAIDEN NAME Isabel Anne Bowers			14. NAME OF HUSBAND OR WIFE Berdeen Cole Chiles					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY (If yes, give war or dates of service) Span. American 494-269512		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Jos. Brooks, 9930 Edmil Lane Overl.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						Immediate	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Those listed							
				DUE TO (c)							
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) 4201		(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?					
22. I hereby certify that I attended the deceased from Sept 10, 1955, to Nov 11, 1955, that I last saw the deceased alive on 11-11-1955, and that death occurred at 10:02A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Fred G. Coats, M.D.				23b. ADDRESS 2335 Crown Rd St Louis				23c. DATE SIGNED 1-4-1956			
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. 1-5-56		REGISTRAR'S SIGNATURE Heeked R. Donahue, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar						

(Licenses of Burial Home Statement on Reverse Side)

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

Dr. Fred A. Coutts
Lackland Clinic
HA 8 2111

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Dillm*

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.