

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11673

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>641</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a..STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>University 5, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>University City 5,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#151 No. Hanley Road.</u>				e. STREET ADDRESS (If rural, give location) <u>#151 No. Hanley Road.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>N.</u>		c. (Last) <u>(GILLES)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1956.</u>
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Dec 10, 1883.</u>		9. AGE (In years last birthday) <u>72.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Maplewood Bank &amp; Trust Co.,</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Evansville, Indiana.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Gilles.</u>		13b. MOTHER'S MAIDEN NAME <u>Elise Rauchenstein.</u>		14. NAME OF HUSBAND OR WIFE <u>Harriet Gilles.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>489-01-4897.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Charles N. Gilles Jr.,</u> ADDRESS <u>151 No. Hanley Rd,</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. endocarditis</u>					<u>6 mos.</u>	
	DUE TO (c) <u>arterio-sclerotic heart.</u>					<u>6 mos.</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</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) _____		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 <u>8-16, 1955,</u> to <u>3-5, 1956,</u> that I last saw the deceased alive on <u>3-3, 1956,</u> and that death occurred at <u>9:55 P.m.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin P. Meiners M.D.</u>				23b. ADDRESS <u>6651 Emright Ave.</u>		23c. DATE SIGNED <u>3-6-56</u>	
24a. DATE <u>3/8/56.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum.</u>		24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles Rock Road.</u>			
DATE REC'D BY LOCAL REG. <u>3-6-56</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Donaldson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons, #7233 Delmar Blv'd.,</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Arnold W. Schene*.....

Licensed Embalmer No. *384*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.