Health, Welfare Public Service

300 -57

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3449

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis. Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Baptist Hospital Length of stay in 1b 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis. Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 3136 Shenandoah Reside on Farm Yes [ ] No [X] 17

3. NAME OF DECEASED (Type or print) First Doyle Middle I. Last Piles

4. DATE OF DEATH Month Jan. Day 7, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Jan. 5, 1917

9. AGE (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spot Welder

10b. KIND OF BUSINESS OR INDUSTRY Auto Mfg.

11. BIRTHPLACE (City and state or country) Piedmont, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ironton Edgar Piles

13b. MOTHER'S MAIDEN NAME Alice Effie Kimes

14. NAME OF HUSBAND OR WIFE Elsie W. Piles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2

16. SOCIAL SECURITY NO. 486-16-0858

17. INFORMANT Donald Piles, Address 3133 Shenandoah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Carcinoma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Original Site Ascending Colon)

DUE TO (c) 153.0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1955, to 1-7-58 and last saw her/him alive on 1-6-58
Death occurred at 8:25 am 1-7-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James R Meador MD

22b. ADDRESS 4S Central

22c. DATE SIGNED 1-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-8-58

23c. NAME OF CEMETERY OR CREMATORY VanBuren Cemetery

23d. LOCATION (City, town, or county) (State) VanVuren, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. JAN 7 '58

26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 J. W. Dunbar

Licensed Embalmer No. 365

P. O. Address St. Louis 8,

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.