

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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FILED VS. JAN 17 1960 3 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. GENEVIEVE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST MARY'S</b>	Length of stay in 1b <b>26. YRS</b>	c. CITY OR TOWN <b>ST MARY'S</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LOUISE HENRIETTA MILES</b>			4. DATE OF DEATH Month Day Year <b>DEC 23 1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/3/88</b>
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ST. GENEVIEVE CO, MO</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>JOHN BLANDFORD</b>	13b. MOTHER'S MAIDEN NAME <b>LENA ROND</b>
14. NAME OF HUSBAND OR WIFE <b>EDWARD MILES</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.
17. INFORMANT <b>John Miles 4259 Park St Louis Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) <b>arteriosclerotic Heart disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Epilepsy, idiopathic</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>1951</b> to <b>Dec 23 1959</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>NOV 1959</b> Death occurred at <b>3:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & Title) <b>Joseph F. Lutheo MD</b>		22b. ADDRESS <b>St. Marys Mo</b>	22c. DATE SIGNED <b>1/6/60</b>
23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE <b>12/30/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
24. FUNERAL DIRECTOR <b>Reas. Bask Co. Genesee Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1/7/60</b>	26. REGISTRAR'S SIGNATURE <b>Kuilla Barber</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lee C. Baker*

Licensed Embalmer No. 1985

P. O. Address St. Germain

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.