

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6816

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No Steps) Rossman St. Ward

File No.
 Registered No. 1771
 St. Ward

2. FULL NAME

Pauline Childers
 (a) Residence. No. 1320 St. Angelo St., 22 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 8 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER

Matthew Childers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Torrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ill.
 (STATE OR COUNTRY)

14.

INFORMANT Melvin Childers
 (Address) 1320 St. Angelo Ave

15.

FILED 7 1928 May C. Stankoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16th, 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/11, 1927, to 2/16, 1928, that I last saw him alive on 2/16, 1928, and that death occurred, on the date stated above, at 6:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis 10/17

CONTRIBUTORY (SECONDARY)

Acute suppurative lymphatic tonsillitis (duration) 2 yrs. 5 mos. 5 da.
Stenosis of larynx (partial) (duration) 2 yrs. 5 mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED

Ill. 1320 St. Ann
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 19/27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Path. Guttate slantopsy

(Signed) Pauline Childers M.D.
 , 19 1928 (Address) General Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Royalton, Ill.

DATE OF BURIAL

2-18 1928

20. UNDERTAKER

Peety Bros. 3029 Lafayette

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

mid + before