

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.

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008** File No. **34279**
City (No. **Bethesda Hospital**) St. Ward **9265**

2. FULL NAME

436 Stillborn Childers

(a) Residence, No. **Bethesda Hospital** St. Ward **N. R. Mitchell Ind**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1938		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

MOTHER 13. NAME **unk**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

15. MAIDEN NAME **Lucille Childers**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mitchell, Ind.**

17. INFORMANT (ADDRESS) **Lucille Childers Mother**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CITY CEMETERY** DATE **10-27-38**

19. UNDERTAKER (ADDRESS) **W. Hamilton City Health Dept**

20. FILED **Oct 26 1938** **J. Bredek** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 3, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 23, 1938**, to **Oct 23, 1938**

I last saw him **in situ** on **Oct 23, 1938** Death is said

to have occurred on the date stated above, at **U.S.O.H.**

The principal cause of death and related causes of importance were as follows:

Stillborn - Intrauterine death

Other contributory causes of importance:
Pregnancy hypertension - Hypertensive

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **hypertension**

(Signed) **J. Bredek** M. D.
(Address) **1140 Missouri Bldg**

