

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

RECEIVED 31 1939 791

State File No.

6023

Registration District No. 1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Faith Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Hospital
 In this community for Anatomical Purposes.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Baby Childress 436
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 1 38
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Delbert Childress
 13. Birthplace Kokomo Indiana
 14. Maiden name Dorothy Thomas (State or foreign country)
 15. Birthplace Poplar Bluff Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Delbert Childress
 (b) Address 3819 Maffett

17. (a) Burial (b) Date thereof July 8 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. Michl & Son
 (b) Address 1150 N. Kings Highway

19. (a) Jul 8 1939 (b) J. B. Brubaker
 (Received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County _____
 (c) City or town St. Louis 3rd 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3819 Maffett
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
 year 1938 hour _____ minute 11:40 a. M.
 21. I hereby certify that I attended the deceased from Stillborn
 _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn Duration 8/1/38
 Due to Thrombosis Umbilical Vessels ?
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Nicholas S. Vitale (M. D. or other)
 Address 3867 St. Louis Ave Date signed 7/27/39

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 _____, Registered Apprentice No. _____, working under my personal supervision.

*no embalming by me
preserved by hospital
for 1 yr.*

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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 this body is not embalmed, above space should be left blank.