

Registration District No. **7917** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4246a Olive St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **50** years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME **William M. Childress**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Daisy Childress** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Feb. 15th., 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Tennessee** **Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Plumber**

11. Industry or business _____

12. Name **Thomas B. Childress**

13. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Benson**

15. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Daisy Childress**
(b) Address **4246a Olive St.**

17. (a) **Cremation** (b) Date thereof **1-2-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 31 1940** (b) **J. H. Bredbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **19**
(If outside city or town limits, write "RURAL")
(d) Street No. **4246a Olive St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30th.** year **1940** hour **12** **Midnight** M.

21. I hereby certify that I attended the deceased from _____, 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 _____
Coronary Sclerosis
Arteriosclerosis

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury **S**
23. Signature **Thomas B. Callanan** (M. D. or other) _____
Address **Deputy Coroner** Date signed **12/31**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

Signed William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, fact should be so stated above.