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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9388

Registration District No. 7911 | Primary Registration District No. 1003 | Registrar's No. 2798

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

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

2. USUAL RESIDENCE OF DEASCED:
(a) State: Missouri (b) County: Mississippi 67
(c) City or town: Charleston 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 501 Market 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Ruby Childress
3. (b) If veteran, name war: No
3. (c) Social Security No. 497-18-1955
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: William K. Childress
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: 5 (Month) 5 (Day) 1906 (Year)
8. AGE: Years 34 Months 10 mos Days 23 If less than one day ... hr. ... min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Lane
13. Birthplace: Tenn 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sudie Blackburn
15. Birthplace: Tenn 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Wm. K. Childress
(b) Address: Charleston, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Charleston, Mo
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Av.
19. (a) MAR 29 1941 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 1941 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from 2/21, 1941, to 3/28, 1941; that I last saw her alive on 3/28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Pos~~ Operative shock	
Due to: Carcinoma of rt. breast	13 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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):
(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: 0

23. Signature: William H. Gray (M. D. or other) MD
Address: Barnard Skin & Cancer Hosp. Date signed 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm. Pinkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.