

FILED MAR 24 1942  
Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

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

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:  
2908 Accomac Street, 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life time.  
years, months or days

3. (a) PRINT FULL NAME Jennie C. Child,

3. (b) If veteran, name was none  
3. (c) Social Security No. none

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carroll C. Child,  
7. Birth date of deceased September 28, 1871,  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Housewife,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dirk deJong, 4

13. Birthplace Holland,  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Van Graafeiland,  
(City, town, or county) (State or foreign country)

15. Birthplace Holland,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. J. Huffaker

(b) Address 2908 Accomac St.,

17. (a) Burial (b) Date thereof 3/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery,

18. (a) Signature of funeral director Wagoner Und. Co.,

(b) Address 3621 Olive St.

19. (a) MAR 1 1942 (b) J. F. Bredeck  
(Date placed on local register) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2908 Accomac St.,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1942 hour 6:10 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 1932  
\_\_\_\_\_ 19 \_\_\_\_\_ to 2-28-42 19 \_\_\_\_\_;  
that I last saw her alive on 2-27-42 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_  
chronic nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arthritis generalized  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Thosew imler (M. D. or other) \_\_\_\_\_  
Address 508 N Grand Blvd Date signed 3/2/42

**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.....

**Robert T. Sangster**

Registered Apprentice No. **259**

working under my personal supervision.

Signed

*Neville B Frohwitter*

Licensed Embalmer No. **3696**

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, fact should be so stated above.**