. S. No. 2
0M—2-43
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15953

FILED JUN 6 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5079

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kentucky (b) County: Hopkins 999
(c) City or town: Providence NB 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ROSCOE ELMO CHILDERS
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male D
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Verna
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: November (Month) 16 (Day) 1892 (Year)
8. AGE: Years 50 Months 6 Days 13 If less than one day hr. min.
9. Birthplace: Webster County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
MOTHER FATHER
12. Name: Pate Childers
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name: Virginia Herron
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Verna Childers
(b) Address: Providence, Kentucky
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Providence, Ky.
18. (a) Signature of funeral director: Albert H. Hoppe Inc.
(b) Address: 4700 Washington Blvd.
19. (a) JUN 2 1943 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1943 hour 2:40PM minute ~~40~~ M.
21. I hereby certify that I attended the deceased from MAY 26, 1943, to MAY 29, 1943 that I last saw him alive on MAY 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subarachnoid hemorrhage -	1 week
Due to: Brain tumor N	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: (no operation)	
Of autopsy: Corpus Callosum Tumor with intra-tumoral hemorrhage -	

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
23. Signature: Gordon F. Moore (M. D. or other)
Address: BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

5079

5079

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.