S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
Bureau of Statistics

FILED JUN 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22358

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1423

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL") 96

(d) Street No. 2517 Circle Drive (If rural, give location) 5

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Franklin P. CHILDRESS

3. (b) If veteran, name war World-I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Childress

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 30, (Day) 1897 (Year)

8. AGE: Years 45 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Attorney

11. Industry or business -

MOTHER FATHER

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUN 19 1943 (Date received local Registrar) (b) C. G. McClaren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1943 hour 1:45 minute A.M.

21. I hereby certify that I attended the deceased from June 16, 1943, to June 17, 1943, that I last saw him alive on June 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive and Coronary Arteriosclerotic Heart Disease with Coronary Occlusion, acute, Myocardial Damage and Insufficiency	Unknown
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation 930
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) - -

(b) Date of occurrence -

(c) Where did injury occur? -

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

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

23. Signature L. M. COCHRAN, M. D. Chief Med. Officer (M. D. or other)

Address Vet. Adm. Fac., Jefferson Brks Date signed 6/17/43

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2/43

707 (Licensed Embalmer's Statement on Reverse Side) Mo.

JUN 22 1948

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.....H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.