

FILED AUG 25 1944

Registration District No. 1818

Primary Registration District No. 1003

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:  
3530 Chouteau Ave. /  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 918

(d) Street No. 3530 Chouteau  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Richard Lee Childon

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15 to Aug 20 1944  
that I last saw him alive on Aug 22 1944  
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased October 28 1943  
(Month) (Day) (Year)

Immediate cause of death acute colitis

Duration 2 3

Due to.....

Due to..... 119

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
9 14 hr. min.

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

10. Usual occupation Infant

11. Industry or business

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name Walter Childon

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

14. Maiden name Lillie Jones

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

16. (a) Informant Fred Childon  
(b) Address 412 W. Courtois

17. (a) Burial (b) Date thereof 8-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) AUG 14 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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) Means of injury.....

23. Signature H. P. Moore (M. D. or other)  
Address 921-5078 Date signed 8/14/44

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..... *W. Wilkinson*.....  
- - Licensed Embalmer No..... *3575*.....  
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.**