

FILED MAY 7- 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13496

570

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

| | | | | | | | | |
|---|----------------------------------|--|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>181</u> | | PRIMARY REG. DIST. NO. <u>4293</u> | | Registrar's No. <u>16</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ELSberry</u> | | c. LENGTH OF STAY (in this place) township) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2109</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>2940 N. PARIPIE</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Delbert Osmer Childress</u> | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Nov. 5, 1892</u> | | 9. AGE (In years last birthday) <u>59-58</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>INDIANA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Elias Childress</u> | | | 13b. MOTHER'S MAIDEN NAME <u>NEVA Houghlas</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dilila Childress</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. <u>486-14-6542</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dilila Childress 2940 N. Prairie</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Malignant</u> DUE TO (c) <u>Arteriosclerosis, General</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 M m.</u> <u>4/7/52</u> <u>7 1</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | |
| 22. I hereby certify that I attended the deceased from <u>4-7-</u> , 19 <u>52</u> , to <u>4-13-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-12-</u> , 19 <u>52</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Nicholas J. Stale, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>3861 Shonie Ave.</u> | | 23c. DATE SIGNED <u>4/14/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-16-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>5-6-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifton Miller, Elsberry, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

7:57
8 APR 1971

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 April 13-1

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbey, 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.