

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10832**BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) STE. GENEVIEVE		c. LENGTH OF STAY (In this place) LIFE	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 254 LANAYE		e. STREET ADDRESS (If rural, give location) 254 LANAYE	
3. NAME OF DECEASED (Type or Print) a. (First) MAMIE		b. (Middle) CHILDERS	c. (Last) CHILDERS
4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1954		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JAN 19 1872		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) STE. GENEVIEVE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FELIX GOVRO		13b. MOTHER'S MAIDEN NAME AMELIA THOMAS	
14. NAME OF HUSBAND OR WIFE WILLIAM CHILDERS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Delbert Childers Sr. Ste. Genevieve Mo	
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) Acute Coroner's Autopsy	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 Hours	
DUE TO (b) Cardio Sclerosis		5 yrs	
DUE TO (c) Arterio Sclerosis		15 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arterio Hypertension			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
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 1939 , to March 22, 1954 , that I last saw the deceased alive on March 22, 1954 , and that death occurred at 2 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Edwards M.		23b. ADDRESS Ste. Genevieve Mo.	
23c. DATE SIGNED 3-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MARCH 22 1954	
24c. NAME OF CEMETERY OR CREMATORY VALLEY SPRING		24d. LOCATION (City, town, or county) (State) STE. GENEVIEVE MO	
DATE REC'D BY LOCAL REG. Mar. 23, 1954		REGISTRAR'S SIGNATURE Lucille Barber	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Barber Sr.		ADDRESS Ste. Genevieve Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Adrian J. Ehler*

Licensed Embalmer No. *474*

P. O. Address *Ste. Geneva*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.