

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24372**  
**6527**

BIRTH NO. **25089-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Walter L. Philip</b>		d. STREET ADDRESS (If rural, give location) <b>18 1416 Michigan</b>	
3. NAME OF DECEASED (Type or Print) <b>Learldine</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 54</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>COLOR</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>APR 17, 1954</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
11. BIRTHPLACE (State or foreign country) <b>ST Louis MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Childs</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Beard</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Childs</b>		ADDRESS <b>1416 Michigan</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b) <b>Marasmus</b>			
ANTECEDENT CAUSES		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>7730</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:31 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <b>Patrick E. Taylor</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7.16.54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis</b>	
24d. LOCATION (City, town, or county) (State) <b>Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. McClain</b>		ADDRESS <b>1706 N. Sarah</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		M 88	

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

7 14 04  
2 20

1914

ST Louis MO  
BIRMG  
NONA  
1100

John C. Miller  
11-17-04

FORMER COLOR NEVER MARRIED  
NONE  
NONE  
NONE

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed John C. Miller

Licensed Embalmer No. \_\_\_\_\_

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.

11-17-04  
John C. Miller