

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34646**
Registrar's No. **8836**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8836	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 6918 a Alabama ave. 20170			
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Emma c. (Last) Childers			4. DATE OF DEATH (Month) (Day) (Year) October 9, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 7, 1881	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Joseph Phillips				
13b. MOTHER'S MAIDEN NAME Unknown Griffin			14. NAME OF HUSBAND OR WIFE Gillie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Childers 307 Waller ave Lemay, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES Myocardial Degeneration					2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Acute Cholecystitis					10 days
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 10/3/55					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Acute Cholecystitis & Cholelithiasis		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) 42212		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 9/30 , 19 55 , to 10/9 , 19 55 , that I last saw the deceased alive on 10/9 , 19 55 , and that death occurred at 1.15 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Benjamin			23b. ADDRESS 7430 Virginia			23c. DATE SIGNED 10/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery		24d. LOCATION (City, town, or county) (State) Herrin, Illinois	
DATE REC'D BY LOCAL REG. OCT 11 1955		REGISTRAR'S SIGNATURE J. Earl Smith mo			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister U. & L. Co. 7814 S. Broadway		

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 *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S.B.

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.