

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

318

1003

State File No. 2611  
373  
Registrar's No.

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY _____ |  |   |  |
| b. CITY OR TOWN <u>ST. LOUIS</u>   |  | c. LENGTH OF STAY (in this place) <u>50 years</u>  |  | c. CITY OR TOWN <u>ST. LOUIS</u>   |  | 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 <u>404 S. Montrose</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>187 404 S. MONTROSE</u>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>LOUIS</u>   |  | b. (Middle) _____  |  | c. (Last) <u>Childs</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 16 57</u>  |  |
| 5. SEX <u>2</u> <u>MAL</u>   |  | 6. COLOR OR RACE <u>Colored</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  | 8. DATE OF BIRTH <u>MARCH 18 1899</u>   |  |
| 9. AGE (In years last birthday) <u>58</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pacific MISSOURI</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Edw Childs</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>OMA Dudley</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>ORA Childs</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War</u>  |  | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ORA Childs 404 S. MONTROSE</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Decaying Granuloma pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>491x</u>   |  |  |  | 20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:57</u> a.m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>Joseph H. [Signature]</u> (Degree or title) <u>3</u>   |  |  |  | 23b. ADDRESS <u>1300 Clark</u>   |  | 23c. DATE SIGNED <u>1/19/57</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____  |  | 24b. DATE <u>1-21-57</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRICKS, MO</u>   |  |
| DATE REC'D BY LOCAL REG. <u>JAN 19 57</u>  |  | REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WATSON 2764 LAOUTEAU</u>   |  |   |  |

457 (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 *S. J. Watson* .....

Licensed Embalmer No. *269*

P. O. Address *5769 Oak*

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.