FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3128
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 325

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300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 23 St. Johns Hospital — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Jo Daviess
c. CITY OR TOWN Galena — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 32 301 Park Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Philippa Middle C. Last Swing
4. DATE OF DEATH Month January Day 11, Year 1957
5. SEX female 1
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 X DIVORCED ☐
8. DATE OF BIRTH February 5, 1874
9. AGE (In years last birthday) 72 — 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) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Galena, Illinois 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alfred S. Childs
14. MOTHER'S MAIDEN NAME Katherine Roberts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mr. Leo Jeffrey Address 5518 Waterman Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy due — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1 Arteriosclerosis — 4 yrs.
DUE TO (c) 2 Diabetes Mellitus 260x — 20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-31-56, to 1-11-57 and last saw her/him alive on 1-10-57
Death occurred at 8 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl J Pless MD
22b. ADDRESS 18 S Kingshighway
22c. DATE SIGNED 1-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE via rail 1-12-57
23c. NAME OF CEMETERY OR CREMATORY Green Wood Cemetery
23d. LOCATION (City, town, or county) (State) Galena, Illinois.

24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.
25. DATE RECD. BY LOCAL REG. JAN 11 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilford G Burnley.....

Licensed Embalmer No. 42

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.