

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008327
State File No.

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 454

1. PLACE OF DEATH a. COUNTY St. Louis, County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Manchester		c. LENGTH OF STAY (in this place) 9 yrs.	c. CITY OR TOWN Jennings <u>4138</u> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home		e. STREET ADDRESS (If rural, give location) 8820 Lucas & Hunt Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Joseph c. (Last) Childers			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 16, 1947	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Mo.	
13a. FATHER'S NAME Lloyd Childers			13b. MOTHER'S MAIDEN NAME Bernice Mattingly		14. NAME OF HUSBAND OR WIFE NONE
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 ADDRESS Lloyd Childers 8820 Lucas & Hunt Rd.	

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) <u>Massive Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture of intestinal ulcers</u> DUE TO (c) <u>Chronic intestinal ulcers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 yrs</u> <u>Don't know</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 578X	20. AUTOPSY? 2 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 Dec. 10, 1957, to Feb. 11, 1958, that I last saw the deceased alive on Feb. 11, 1958, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph W. Zaffey, M.D.		23b. ADDRESS Manchester, Mo.		23c. DATE SIGNED 2-13-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/14/58	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. 2-14-58	REGISTRAR'S SIGNATURE Herbert R. Conke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant Ave.
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In. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Kibful Buechler*.....

Licensed Embalmer No. *455*

P. O. Address *St. Louis*.....

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.