

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030257

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7660**

FILED AUG 28 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5024 Kensington		d. STREET ADDRESS (If outside, give location) 5024 Kensington	
3. NAME OF DECEASED (Type or print) First Edward Middle Childs Last Childs		4. DATE OF DEATH Month 8 Day 5 Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3 Nov. 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insect Exterminator		10b. KIND OF BUSINESS OR INDUSTRY Rose Exterminator Co.	11. BIRTHPLACE (City and state or country) Pacific, Missouri
13. FATHER'S NAME Edward Childs Sr.		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-14-7118	17. INFORMANT Sallie Childs Address 5024 Kensington
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade secondary to laceration of the aorta, secondary to acute hemorrhagic pancreatitis.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) to laceration of the aorta, secondary to acute hemorrhagic pancreatitis. DUE TO (c) to acute hemorrhagic pancreatitis.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART I (a)) 587.0			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 9:30 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 9:30 to 8 and last saw her/him alive on 8.6.58 Death occurred at 9:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE James M. Kelly (Deputy or Attc)		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8.6.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9 Aug 1958	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	23d. LOCATION (City, town, or county) (State) Berkeley City, Mo.
24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.		25. DATE RECD. BY LOCAL REG. AUG 7 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith

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 *Arthur L. Hollister*

Licensed Embalmer No. *422*

P. O. Address *3100 East*

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.