SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042269
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11015

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 18days	c. CITY OR TOWN East St. Louis. — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Childrens — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 1307 S.16th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Phebe Middle Flecee Last Childs

4. DATE OF DEATH Month Day Year Nov 23, 1961

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-25-61

9. AGE (last birthday) 5mos — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME John Edward Childs

13b. MOTHER'S MAIDEN NAME Jeanette Mitchell

14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. None

17. INFORMANT Jane Henrichsen Address 500 S. Kingshighway St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: cardiac arrest - respiratory arrest

IMMEDIATE CAUSE (a) Cardiac arrest Respiratory arrest

pneumonia - mongoloid

DUE TO (b) Pneumonia - mongoloid

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

congenital heart disease - incomplete diagnosis

DUE TO (c) Congenital Heart Disease - incomplete diagnosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 11-5-61, to 11-23-61 and last saw her/him alive on 11-23-61

Death occurred at 6:35pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Malcolm Garber (Degree or title) M.D. Malcolm Garber MD

22b. ADDRESS 500 S. Kingshighway St. Louis, Mo.

22c. DATE SIGNED 11-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 11/28/61

23c. NAME OF CEMETERY OR CREMATORY Booker Washington

23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.

24. FUNERAL DIRECTOR Marion E. Officer ADDRESS 2114 Missouri St. Louis Ill.

25. DATE RECD. BY LOCAL REG. NOV 27 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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_____ Signed Frank Prokopf

Signature of Student Embalmer

Licensed Embalmer No. 435 b

P. O. Address St Louis, M

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.