

S. No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20267

State File No. \_\_\_\_\_

Registration District No. **791** **17300**

Primary Registration District No. **1003**

Registrar's No. **5215**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** ALICE C. CHILDERS. **436**

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** 489-09-5174

**4. Sex** Female

**5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Robert R. Childers

**6. (c) Age of husband or wife if alive** 23 years

**7. Birth date of deceased** Oct. 29, 1914  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
25	7	14	hr. _____ min. _____

**9. Birthplace** St. Louis, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Shoe Worker

**11. Industry or business** Samuals Shoe Co.

**12. Name** Edward J. Rudloff

**18. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Amelia Sackwitz

**15. Birthplace** Bellville, Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Robert R. Childers

**(b) Address** 4330 Farlin Ave

**17. (a) burial** (Burial, cremation, or removal) **(b) Date thereof** 5-17-40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** W. A. Stock

**(b) Address** 2117 E. Grand Blvd.

**19. (a) JUN 15 1940** (Date received local registrar) **(b)** J. P. Rudloff (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **10**  
(If outside city or town limit, write "RURAL")

(d) Street No. 4330 Farlin Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 13<sup>th</sup>  
year 1940 hour 11:40 minute P. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

**Immediate cause of death** Extradural hemorrhage following fracture skull  
suppressed when she walked  
into field of an unemployed  
driver by Robert Lee Taylor  
due to hand and natural body  
about 11:20 o'clock pm June 10  
1940

**Other conditions** 1940  
(Include pregnancy within 3 months of death)

**Major findings:** 210 W  
Of operations 21

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide or homicide (specify) Accident

(b) Date of occurrence 6/10/40

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? No (Specify type of place)  
(a) Means of injury Auto

**23. Signature** Edward J. Rudloff (M. D. or other)

**Address** 4330 Farlin Ave **Date signed** 6/14/40

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 E Grant

**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 this body is not embalmed, above space should be left blank.**