

**FEB 25 1941**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **14 Days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Charles Childers**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPT. 25 1939**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 3 25** hr. min.

9. Birthplace **ST. LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **CHARLES CHILDERS**

13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **LOUISIA COX**

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

16. (a) Informant **Charles Childers**

(b) Address **4524 Page**

17. (a) **BURIAL** (b) Date thereof **JAN 21 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. MATTHEWS**

18. (a) Signature of funeral director **E. J. Schmur**

(b) Address **3125 Lafayette Av.**

19. (a) **JAN 20 1941** (b) **F. Biedeck**  
(Date received at health office) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS** **1217**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **4524 PAGE**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **January** day **19**,  
year **1941** hour **10:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **January**  
**5**, 19**41**, to **January 19**, 19**41**;  
that I last saw him alive on **January 19**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **mongolism**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**  
23. Signature **M. M. Kurl** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette Avenue,** Date signed **1/20/41**

WRITE PLAINLY—USE UNFADING 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Jose Bollmer*

Licensed Embalmer No. *41014*

P. O. Address *3125 Lafayette Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**