No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16585

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4103

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: Homer G. Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 101 N. Compton 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Childs

3. (b) If veteran, name war No

3. (c) Social Security 492-07-6021

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife HANNAH

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased 8 (Month) 25 (Day) 1892 (Year)

8. AGE: Years 48 Months 8 Days 17 If less than one day hr. min.

9. Birthplace York (City, town, or county) Ala. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Ellick Childs.
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hannah Childs
(b) Address 101a N. Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) MAY 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12 year 1941 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from 5-7-, 1941, to 5-12-, 1941; that I last saw him alive on 5-12-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Appendiceal Abscess — Duration 2 Months

Due to

Due to

Other conditions
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Fowler (M. D. or other) O
Address 2601 N. Whittier St. Date signed 5-12-41

(Licensed Embalmer's Statement on Reverse Side)

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. Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

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