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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23897**

FILED AUG 28 1941

Registration District No. **791**

Primary Registration District No. **1002**

Registrar's No. **6239**

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

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 **1 Min.**
In this community **1 Min.** (Specify whether years, months or days)

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

3. (b) If veteran, name war **Newborn**

3. (c) Social Security No. **Unknown**

4. Sex **Female** | 5. Color or race **White**

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

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

7. Birth date of deceased **May 28, 1941**
(Month) (Day) (Year)

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

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

10. Usual occupation **Nil.**

11. Industry or business **Nil.**

MOTHER FATHER

12. Name **Cyrus Childers**

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

14. Maiden name **Gladys Richer**

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

16. (a) Informant **Ann Morrison**

(b) Address **City Hospital #1**

17. (a) **Cremation** (b) Date thereof **7 31 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Crematory**

18. (a) Signature of funeral director **W. J. White**

(b) Address **City Crematory**

19. (a) **JUL 30 1941** (b) **W. J. White**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

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

(d) Street No. **1427 Clinton St.,**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28,** year **1941** hour **2:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **May 28,** 19 **41** to **May 28,** 19 **41**, that I last saw her alive on **May 28,** 19 **41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to _____

Due to _____

Other conditions **159**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature **W. J. Lawhe** (M. D. or other) **D**
Address **1515 Lafayette Avenue,** Date signed **6/23/41**

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.