. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1942 18

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 10.3

State File No. 38582

Registrar's No. 10203

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Lawrence
(c) City or town Lawrenceville 11 NR
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hubert Cleveland Childress

3. (b) If veteran, name war

3. (c) Social Security No. 325-10-8012

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Millie O. Childress

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept (Month) 1st (Day) 1891 (Year)

8. AGE: Years 51 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Lawrence, Ill. (City, town, or county) 1 N (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Isaac Childress

13. Birthplace Lawrence, Ill. (City, town, or county) 1 (State or foreign country)

14. Maiden name Clara DeLong

15. Birthplace Lawrence, Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Millie O. Childress
(b) Address Lawrenceville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lawrenceville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) Dec 7 1942 (Date filed with local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 14, 1942, to December 6, 1942, that I last saw him alive on December 6, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis, mediastinitis	3 da
Due to: Post op total gastrectomy	3 da
Due to: Gastric ulcer and diverticulum	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: gastric diverticulum total
Of autopsy: Peritonitis, mediastinitis

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 C. L. Lockhart (M. D. or other)
Address BARNES HOSPITAL Date signed 12-6

(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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.