

FILED JUN 4 1943

Registration District No. 312

Primary Registration District No. 1009

Registrar's No. 4722

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:
Deaconess 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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Illinois (b) County..... Madison
 (c) City or town..... Edwardsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 660 Chapman Street.,
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Hiram LaRoy Childres

3. (b) If veteran, name war None 3. (c) Social Security No. 706-18-1421

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane Childres 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 28, 1893
 (Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>49</u>	<u>11</u>	<u>22</u>	hr. min.

9. Birthplace Sullivan Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Station Agent

11. Industry or business Nickel Plate R. R.

12. Name Wallace Childres

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

14. Maiden name Sarah Beals

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

16. (a) Informant Mrs. Jane Childres

(b) Address Edwardsville, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/43
 (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Illinois

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

19. (c) MAY 21 1943 (Date received local registrar) J. J. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
 year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from May 13
 1943 to May 20 1943;
 that I last saw him alive on May 20 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....

Due to.....

Other conditions (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 L. H. Gausman (M. D. or other).....

Address 203 Harrison Ave Date signed 5/21/43

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

MOTHER FATHER

NO EMBALM

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

Albert H. Hopper

Licensed Embalmer No. *1861*.....

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.