

FILED OCT 31 1946

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Days
(Specify whether
 In this community _____
years, months or days)

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. 2338 Tower Grove Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Katheryn Wilkins Childres
 3. (b) If veteran, name war None 3. (c) Social Security No. 494-26-0519

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 4, 1928
(Month) (Day) (Year)

8. AGE: Years 18 Months 8 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Lamar, Arkansas _____
(City, town, or county) (State or foreign country)

10. Usual occupation Clerical Secretary

11. Industry or business Monsanto Chemical Company

MOTHER FATHER

12. Name Dewey Childres

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

14. Maiden name Grace Wilkins Martin

15. Birthplace Lamar, Arkansas _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Wilkins

(b) Address 2338 Tower Grove Ave.

17. (a) Burial (b) Date thereof Oct. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. OCT 6 1946 (b) J. F. Brudeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 18 1946 to 10-3-46 19____
 that I last saw her alive on 10-3-46 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma Sarcoma Brain

Due to metastasis from Melanoma Sarcoma on

Due to neck removed 1 1/2 yrs prev. to death.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 55

Of autopsy _____

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) Means of injury _____

23. Signature J. Hayden (M. D. or other) m.d.

Address 5899 Delmar Date signed 10/5/46

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..... *Rex Campbell*
Licensed Embalmer No..... *3881*
P. O. Address..... *St Louis, Mo.*

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.