

No. 2  
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39519**

National Office of Vital Statistics  
FILED NOV 28 1947

Registration District No. **318**

Primary Registration District No. **117**

Registrar's No. **10550**

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:  
**Res: 5568 Bartmer Avenue, 1**  
(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 **Missouri**..... (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5568 Bartmer Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **no.**..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **PHILIP SHERIDAN CHILD.**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Lulu Messmore Child**  
6. (c) Age of husband or wife if alive **79** years  
7. Birth date of deceased **October 24, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**83. 0. 20** hr. min

9. Birthplace **Weybridge, Vermont**  
(City, town, or county) (State or foreign country)

10. Usual occupation **President of A. J. Child**

11. Industry or business **Mercantile Co.,**

12. Name **Andrew J. Child.**

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

14. Maiden name **Eliza Burt.**

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

16. (a) Informant **Mrs Lulu M. Child.**

(b) Address **5568 Bartmer Ave.,**

17. (a) **Interment** (b) Date thereof **11/17/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#8233 Delmar Bly'd.**

19. (a) **NOV 15 1947** (b) **J. F. Brebeck**  
(Date received local registrar's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14th**,  
year **1947** hour **1:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 17, 1937** to **Nov 14, 1947**  
that I last saw him **live on Nov 14, 1947**  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death **Cerebral thrombosis 3 days**

Due to.....  
Due to.....  
Other conditions **Cerebral thrombosis**  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause of 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 **J. F. Brebeck** (M. D. or other) **PHYSICIAN**  
Address **400 Elm** Date signed **11-18-47**

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

MOTHER, FATHER

45700 Olive St.  
20-3800

*Dr. C. J. ...  
508 N. ...  
93 ...*

**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 *Lawrence H. Murray*  
Licensed Embalmer No. *404*  
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.