

No. 2
12-45
17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

113947

FILED MAY 15 1948

318

State File No.

4359

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999
(c) City or town Venice 11
(If outside city or town limits, write "RURAL")
(d) Street No. 808 Main 0
(If rural, give location) U.R.
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Gertrude Childers

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife W. W. Childers 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 30 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife
At home

11. Industry or business

12. Name unknown 9

13. Birthplace unknown (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (State or foreign country) 9

16. (a) Informant John M. Childers

(b) Address Venice, Illinois

17. (a) Rem. to Madison Ill (b) Date thereof 5/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Ill

18. (a) Signature of funeral director Thomas J. Foley

(b) Address Madison, Illinois

19. (a) MAY 10 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1948 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2/23 1948 to 5/7 1948
that I last saw her alive on 5/7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast = Metastases

Due to.....

Due to.....

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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? 0

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Alvin Goldfarb (M. D. or other) M.D.

Address 216 S. Kings Highway Date signed May 7, 48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4859

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..... *Francis J. Lohrey*

Licensed Embalmer No. *2792*

P. O. Address: *Madison, Ill*

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.