

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3339**

4001 /

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3062** Registrar's No. **278**

1. PLACE OF DEATH a. COUNTY St. Louis,			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Louis,		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood (17)		c. LENGTH OF STAY (in this place) unknown	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood (17).		440
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Res: 9030 Clayton Road,			d. STREET ADDRESS (If rural, give location) 9030 Clayton Road.		
3. NAME OF DECEASED (Type or Print) a. (First) LEVI		b. (Middle) WADE	c. (Last) CHILDRESS.	4. DATE OF DEATH (Month) (Day) (Year) Jan'y 31, 1950.	
5. SEX Male. 0	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 21, 1876.	9. AGE (In years last birthday) 73.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Chirman Board.. Columbia Terminals Co.,		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Murfressburo, Tennessee./		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Sumner Childress.		13b. MOTHER'S MAIDEN NAME Inez Wade.	14. NAME OF HUSBAND OR WIFE Lucy Turner Childress.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 488-01-8049	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs L. W. Childress, 9030 Clayton Road.		
18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				12 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary Thrombosis 24 years ago				4 201
	DUE TO (c) Arterio sclerosis				4 year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Wrecked damage result of thump				2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1924 , 19 24 , to Jan 31 , 19 50 , that I last saw the deceased alive on Jan 31 , 19 50 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE W.P.E. Linton			23b. ADDRESS 601 W. W. C. Blv		23c. DATE SIGNED 2/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..	24b. DATE 2/2/50.	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery..	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
DATE REC'D BY LOCAL REG. 2-1-50	REGISTRAR'S SIGNATURE Herbert G. Donk, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons., 7233 Delmar Blv'd.,		

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

FEB 14 1950

Miss H. H. ...

*2655 N. C. St.
Ch. 88611*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Clarence H. Murray

Licensed Embalmer No. *4011*

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.