

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1036252-040092  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**FILED NOV 1 1962**

VS 300  
Rev. 4/59

1

2 **203**

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4 **0**

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11

12 **70-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>-----</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>-----</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7000 Eichelberger</b>		Length of stay in lb. <b>8 1/2 years</b>	d. STREET ADDRESS (If outside, give location) <b>7000 Eichelberger</b>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Albert</b> Last <b>Child</b>		4. DATE OF DEATH Month <b>October</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-6-17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer - Meat Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food Retailing</b>	11. BIRTHPLACE (City and state or country) <b>Walker, Minnesota</b>
13a. FATHER'S NAME <b>Albert E. Child</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel McEltree</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Gertrude Childs</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW II</b>		16. SOCIAL SECURITY NO. <b>yes</b>	17. INFORMANT <b>Mrs. Gertrude Child 7000 Eichelberger</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>not known</b>			
DUE TO (c) <b>420.1</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>5/29/54</b> to <b>10/18/62</b> and last saw her/him alive on <b>10/18/62</b> Death occurred at <b>home</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>3515 South Grand St. Louis 12, Mo.</b>	22c. DATE SIGNED <b>10/29/62</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-31-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>HOFFMEISTER COLONIAL MORTUARY</b> ADDRESS <b>SAM</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 29 1962</b>	26. REGISTRAR'S SIGNATURE <b>Road Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**90**

NOV 16 1962

Dr. Schlenker  
PR. 2-3344  
3515 S. Grand

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Brian C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.