

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23252

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **American Hospital**)..... St. Ward

File No.
Registered No. **6715**
St. Ward

2. FULL NAME **Frances Christ**

(a) Residence. No. **748 N. Euclid av.** **12** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1862		
7. AGE YEARS 68	MONTHS 7	DAYS 10
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Horsekeeper (b) General nature of industry, business, or establishment in which employed (or employer) 235 (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Jessie Jones
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Sarah Todd
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri (STATE OR COUNTRY)

14. INFORMANT **Miss Jessie Christ**
(Address) **748 N. Euclid av**

15. FILED **11 19 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 17th 1931**

17. I HEREBY CERTIFY, That I attended deceased from 19, to **June 17**, 19**31** that I last saw her alive on **June 17**, 19**31**, and that death occurred, on the date stated above, at **5:20 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Rectum
4 1/2 (duration) **2 yrs. 1 mos. ds.**
Carcinoma
2 1/2 (duration) **2 yrs. 1 mos. ds.**

18. WHERE AND DISEASE CONTRACTED **At Home**
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
(Signed) Phillips & Shaver M.D.
.19 (Address) **2800-9-1st St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Feature Missouri	DATE OF BURIAL June 20 1931
20. UNDERTAKER E. J. Schum	ADDRESS 3125 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

