DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34050

Registration District No. ~~1003~~

Primary Registration District No.

Registrar's No. 8588

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1318 Hamilton Ave.
(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 Mo. (b) County 1

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1318 Hamilton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Christen 623

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Emma L.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 20, 1856 (Month) (Day) (Year)

8. AGE: Years 82 | Months ~~10~~ 9 | Days 15 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Owner of

11. Industry or business Bellis Mfg. Co.

FATHER
12. Name Frank Christen
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Catherine Jann
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant's own signature Marie Christen
(b) Address 1318 Hamilton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) OCT 7 1939 (Date received local registrar) (b) J. F. Bachick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1939 hour 3 minute 50 p. M.

21. I hereby certify that I attended the deceased from Oct 3-1939, 19, to Oct 5, 1939
that I last saw him alive on Oct 5, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure due to coronary occlusion	2 days
Due to	
Due to	
Other conditions arteriosclerosis by pertension (Include pregnancy within 3 months of death)	years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 Thomas C. Bridges (M. D. or other)
Address 4660 Maryland Date signed 10/1/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

4660 Maryland Ave.Ro.0467

3-4

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, above space should be left blank.