

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8980

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2390

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

1. PLACE OF DEATH:

(a) County... St. Louis County

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

(c) Name of hospital or institution... BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 mo
(Specify whether years, months or days)

In this community... 2 mos.

3. (a) PRINT FULLNAME Willard Milo Christine

3. (b) If veteran, name war... No 3. (c) Social Security No. 329-10-2483

4. Sex... MO 5. Color or race... W 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... BERNICE CHRISTINE 6. (c) Age of husband or wife if alive... 24 years

7. Birth date of deceased... MAY - 17 - 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>9</u>	<u>20</u>	<u>1</u> hr. <u>✓</u> min.

9. Birthplace... EFFINGHAM, ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation... Auditor

11. Industry or business... BROADVIEW HOTEL

12. Name... WILLIS W. CHRISTINE

13. Birthplace... PARSONS, KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name... MAY DAVIS

15. Birthplace... EFFINGHAM, ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant... Willis Christine

(b) Address... EAST ST. LOUIS

17. (a) REMOVAL (b) Date thereof...
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... EFFINGHAM, ILL. Municipal

18. (a) Signature of funeral director... Walter J. ...

(b) Address... State Street

19. (a) MAR 16 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Illinois (b) County... 999 MR

(c) City or town... East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No... Broadview Hotel 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.?... 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from January 12, 1941, to March 15, 1941, that I last saw him alive on March 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death... Sub acute bacterial endocarditis (streptococcus) 2 1/2 mo Duration

Due to... Rheumatic Heart Disease

Due to...

Other conditions... (Include pregnancy within 3 months of death) 92 1/2

Major findings: Of operations... 172

Of autopsy... Sub acute bacterial endocarditis (streptococcus)

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? 2nd Cem.

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

23. Signature... N. R. Zimmerman, M.D. (M. D. or other) Address... BARNES HOSPITAL Date signed...

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. H. Law's Dll

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.