

No. 2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE
REGISTRATION DISTRICT OF THE CITY OF ST. LOUIS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29321**

Registration District No. **784**

Primary Registration District No. **116**

Registrar's No. **1482**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Height.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7112 Dale 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 **Missouri** (b) County **St. Louis**
(c) City or town **R.H.**
(If outside city or town limits, write "RURAL.")
(d) Street No. **7112 Dale Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** Yes or No
If yes, name country _____

3. (a) PRINT FULL NAME **Emma M. Christine.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 23 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 16 hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Theodore Christine**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Mitman**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frank Neal**
(b) Address **7112 Dale Ave**

17. (a) **Burial** (b) Date thereof **Aug. 11, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Chas. Brown Funeral Home**

(b) Address **4911 Washington Blvd**

19. **AUG 10 1941** (Date received local registrar) (b) **E. J. McLawrence** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **9**
year **1941** hour **6** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **1939** to **Aug 9** 19**41**;
that I last saw her alive on **Aug 2** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Degeneration of heart Disease with Hypertension.** Duration **2 yrs**

Due to **93 d**
Due to _____

Other conditions **Heart Hypertension**
(Include pregnancy within 3 months of death)

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? _____ (a) Means of injury _____

23. Signature **Louis J. Arthur** (M. D. or other) **M.D.**
Address **3722 97th St. St. Louis** Date signed **8-10-41**

707 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *Harris, 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.