

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19459

State File No. 5409

FILED JUL 6 1947 791

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(d) Length of stay: In hospital or institution 11 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 1721 N. Pendleton
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ophelia Christian

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

4. Sex Fem 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Benjamin Moore 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October 23, 1894 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	7	28	hr. min.

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

10. Usual occupation Maid

11. Industry or business Domestic

12. Name Henry Christian

13. Birthplace Little Rock Arkansas (City, town, or county) (State or foreign county)

14. Maiden name Georgia Anna White

15. Birthplace Pittsburgh Penna. (City, town, or county) (State or foreign county)

16. (a) Informant Selma F. Anderson

(b) Address 1721 Pendleton Ave.

17. (a) Burial (b) Date thereof 6/25/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclade Ave.

19. (a) JUN 24 1947 (Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1942 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 21, 1942 that I last saw her alive on June 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage 11 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature H. J. Ewing (M. D. or other) Address 2607 Whittier Date signed

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

00
19
9

000
117

Handwritten signature/initials

844

(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.