

FILED JUN 9 1945

318

1003

State File No.

Registrar's No. 4619

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME David Christian

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced UNKNOWN

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: abt 73 Years Months Days If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name BART. CHRISTIAN.
13. Birthplace ROMANIA (City, town, or county) (State or foreign country)
14. Maiden name L. UERKE - UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ST. VINCENT-DEPAUL SOCIETY.

(b) Address 2323 MULLANPHY. ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-45 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director CULLEN E. KELLY

(b) Address 4386 LINDELL, BL.

19. (a) MAY 25 1945 (Date received local registrar) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal (If rural, give location)
(e) Citizen of foreign country? 1/13 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1945 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from 5/12/45 to 5/17/45 that I last saw him alive on 5/17/45 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchopneumonia + Carcinoma of Gall Bladder
Due to.....
Due to.....
Other conditions.....
Major findings: Of operations.....
Of autopsy Ca Gall Bladder

Duration

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

23. Signature Mohara (M. D. or other) Address 1515 Lafayette 5/27/45

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

Embalmer's Separate Cert. filed

MAY 25 1945

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.....

P. O. Address.....

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.