

FILED OCT 9 1948

318

Primary Registration District No.

100's

Registrar's No.

8476

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mississippi River - St Louis
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME CHRISTY DANTZLER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)
8. AGE: abt 85 Years Months Days If less than one day _____ hr. _____ min.

9. Birthplace Marion Miss 1
(City, town, or county) (State or foreign country)
10. Usual occupation nil

11. Industry or business _____
12. Name Sam Dantzler
13. Birthplace Charlotte NC 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thrash
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Dantzler
(b) Address 1000 Marquette St
17. (a) Burial (b) Date thereof 9-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. P. Richards
(b) Address 2425 S. Grand
19. (a) SEP 29 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 Marquette St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1948 hour 11:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning, when found in the Mississippi River due to the fact of Meramec St on Sept 28, 1948 at about 11:00 A.M. Cause & Manner of same could not be determined
Other conditions not be determined
(Include pregnancy within months of death)
Open Verdict

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Valerie E. ... (M. D. or other) _____
Address _____ Date signed 9/29/48

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

MOTHER FATHER

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. D. Richards*.....

Licensed Embalmer No. *2928*.....

P. O. Address *City*.....

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.