

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **37972**
10136
Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution MISSOURI HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2630 a Dickson
21 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Laura Christian

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 29 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 3, 19 48, to Nov. 20, 19 48
that I last saw h. er alive on Nov. 20, 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death HEART - Hypertrophy

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Yes

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 50 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation None Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Christian

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

14. Maiden name Emma Savage

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

16. (a) Informant James H. Brainerd

(b) Address 2630th Dickson St.

17. (a) Burial (b) Date thereof Nov 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washingtons Park

18. (a) Signature of funeral director Boyd Pres. Fur Herald

(b) Address 3704 Finney Ave

19. (a) NOV 23 1948 (b) J. Blaser
(Date received local registrar) (Registrar's signature)

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? _____

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

Signature Oscar L. Daniel (M. D. or other) _____
Address 2601 N Whittier Date signed 11/22/48

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.....

Gilbert Tate....., Registered Apprentice No. *107*
working under my personal supervision.

Signed.....
Edward Flynn

Licensed Embalmer No. *4444*

P. O. Address. *45482 Page*

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.

Lucas 2664