

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38588
State File No. 10021

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital				d. STREET ADDRESS (If rural, give location) 5 - 5679 Watermann			
3. NAME OF DECEASED (Type or Print) Christian		a. (First)		b. (Middle) Hans		c. (Last) Christiansen Jr.	
4. DATE OF DEATH Nov. 21 1949		4. DATE (Month) (Day) (Year)		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 19, 1900		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales man.		10b. KIND OF BUSINESS OR INDUSTRY Essmeller Mill Co		11. BIRTHPLACE (State or foreign country) Moen Mo		12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Christian H. Christiansen Jr.		13b. MOTHER'S MAIDEN NAME Nannie Shaw Dyer		14. NAME OF HUSBAND OR WIFE Meta K Christiansen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 1st WW		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Mrs Meta K Christiansen 5679 Waterman			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dissecting Aortic Aneurysm</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lues</i> DUE TO (c) <i>Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 des ? ?	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>200</i>		21f. HOW DID INJURY OCCUR <i>072-X</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>11-19, 1949</i> , to <i>11-21, 1949</i> , that I last saw the deceased alive on <i>11-20, 1949</i> , and that death occurred at <i>5:30 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>L. Hayden M.D.</i>		(Degree or title)		23b. ADDRESS <i>5899 Delmar</i>		23c. DATE SIGNED <i>11/21/49</i>	
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov 23 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 22 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Basater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alfonso & Sons 6125 Delmar</i>			

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

Dr Hayden
5899 Holmes
Ca 7201
2 P.M.
DEC 21 1940

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Plum

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.