

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34914

State File No. ....

FILED NOV 2 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9236

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS		c. LENGTH OF STAY (in this place) 1wk		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 6029 Cabanne Pl			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) E.		c. (Last) CHRISTOPHER	
4. DATE OF DEATH		5. SEX M 0		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 7, 1883		9. AGE (In years last birthday) 68 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architects		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Christopher		13b. MOTHER'S MAIDEN NAME Abbie Woodman	
14. NAME OF HUSBAND OR WIFE Albertine Christopher		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 486-20-5682	
17. INFORMANT'S SIGNATURE OR NAME Albertine Christopher		ADDRESS 6029 Cabanne Pl			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease Cholecystitis			
19a. DATE OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 587.0	
22. I hereby certify that I attended the deceased from 10/12 1951, to 10/19 1951, that I last saw the deceased alive on 10/17 1951, and that death occurred at 2:50 a.m., from the causes and on the date stated above.					
23a. SIGNATURE C.O. Vermillion M.D. (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) St. Louis		24e. (State) Mo.			
DATE REC'D BY LOCAL REG. OCT 19 1951		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons 6175 Delmar	
		ADDRESS			

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

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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 *Geo. E. McCulloch* .....

Licensed Embalmer No. *2460* .....

P. O. Address *6175 - Dilma* .....

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.