

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3444**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PITTSFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL		d. STREET ADDRESS (If rural, give location) 305 N. Memorial Ave.	
3. NAME OF DECEASED a. (First) LULA (Type or Print) b. (Middle) M. c. (Last) CHRIST			4. DATE OF DEATH 4-11-52
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Sept. 13, 1897
9. AGE (In years) 54 last birthday Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) PITTSFIELD, ILLINOIS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) PITTSFIELD, ILLINOIS	
13a. FATHER'S NAME John Christ		13b. MOTHER'S MAIDEN NAME Clarabelle Evans	
13c. FATHER'S NAME John Christ		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-07-6226	
17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS MATERNITY HOSPITAL - CITY		ADDRESS 630 S. KINGSHIGHWAY	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left breast ligation post. op. hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rt. ovarian cyst - (Ca?)			
DUE TO (c) Cirrhosis of liver; Splenomegaly; Blood diathesis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blood diathesis		2-3 yrs.	
19a. DATE OF OPERATION 4-10-52	19b. MAJOR FINDINGS OF OPERATION Rt. ovarian cyst - (malignant?)		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X	
22. I hereby certify that I attended the deceased from Jan , 19 52 , to April 11 , 19 52 , that I last saw the deceased alive on April 10 , 19 52 , and that death occurred at 4:10A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul F. May, M.D.		23c. DATE SIGNED 4-11-52	
23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 4-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-11-52	24c. NAME OF CEMETERY OR CREMATORY West	24d. LOCATION (City, town, or county) (State) Pittsfield, Ill.
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.		

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 J. W. Denbley
Licensed Embalmer No. 5653

P. O. Address St Louis Mo

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.