

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6285**
1730

| | | | | | | | | | | | |
|---|--|--|--|---|-------------------------|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 10 yrs. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A | | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp. | | | | e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 2127 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Eugene | | | b. (Middle) _____ | | c. (Last) Christ | | 4. DATE OF DEATH (Month) (Day) (Year) 2-15-56 | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower | | 8. DATE OF BIRTH 6-12-69 | | 9. AGE (In years last birthday) 86 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter | | 10b. KIND OF BUSINESS OR INDUSTRY Tailoring | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13a. FATHER'S NAME Jacob Christ | | | 13b. MOTHER'S MAIDEN NAME Bertha Christman | | | 14. NAME OF HUSBAND OR WIFE Edna Mary | | | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Hospital Records | | | | ADDRESS _____ | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalitis Decubitus Ulcers | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | | | |
| 22. I hereby certify that I attended the deceased from 8-29-45 , 19____, to 2-15-56 , 19____, that I last saw the deceased alive on 2-15-56 , 19____, and that death occurred at 10:20pm. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) George M. Tanaka, M.D. | | | | 23b. ADDRESS 5800 Arsenal St. | | 23c. DATE SIGNED Feb. 17, 1956 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-18-56 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | | |
| DATE REC'D BY LOCAL REG. FEB 17 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | | | | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. W. D. Embler*.....

Licensed Embalmer No. *36*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.