

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031178
State File No.

FILED SEP 12 1958

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2311

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton	c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN Pine Lawn 4000	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 4221 Dardonne Dr., 20	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE	b. (Middle)	c. (Last) CHRIST	4. DATE OF DEATH (Month) (Day) (Year) September 3, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 25, 1874	9. AGE (In years last birthday) 84	f UNDER 1 YEAR Months	f UNDER 4 HRS. Days	f UNDER 1 HRS. Hours	f UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Carlyle, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Holdener	13b. MOTHER'S MAIDEN NAME Bernadine Hoencke	14. NAME OF HUSBAND OR WIFE Late Louis Christ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joseph Gookey, 4221 Dardenne Drive, 20	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic Cardiovascular Disease		
	DUE TO (c) Chronic heart failure & arricular fibrillation		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/31, 1953, to 9/3, 1958, that I last saw the deceased alive on 8/16, 1958, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert A Bauer MD	(Degree or title)	23b. ADDRESS 3731 Goodfellow	23c. DATE SIGNED 9/4/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/6/58	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 9-5-58	REGISTRAR'S SIGNATURE Herbert R. Doyle MD	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Missouri
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WRITE PLAINLY--USING 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 Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Ralph L. Linn*

Licensed Embalmer No. 4275

P. O. Address... *J. Linn*

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.