

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42010

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **3237**, **California Ave.**) St. _____ Ward _____

File No. _____
 Registered No. **11055**

2. FULL NAME

Theodore Christen
 (a) Residence, No. **3237 California St., 24** Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lena Christen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1 - 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **clerk**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Wm Christen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Lena Christen**
 (ADDRESS) **3237 California Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Cemetery** DATE **Dec. 26** 19**33**

19. UNDERTAKER (ADDRESS) **Regenhein Brev.**
1216 23 Cherokee St.

20. FILED **DEC 26 1933** **J. A. Brebeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 24 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 28** 19**32**, to **Dec 24** 19**33**

I last saw him alive on **Dec 24** 19**33**. Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction
80

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify **Myocardial Infarction** M. D.
 (Signed) _____ (Address) **21603 Cherokee St.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MICROFILM THIS IS A PERMANENT RECORD

JAN 26 1934

