DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16514

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3992

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 7 mos. 4 days (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. ~~2906 a Caroline~~ 5400 Arsenal St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jennie Christian (Christensen)

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Seperated

6. (b) Name of husband or wife Edward Christensen

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Nov. (Month) 28, (Day) 1901 (Year)

8. AGE: Years 38 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Factory Worker UNEMPLOYED

11. Industry or business Shoe Mfg.

FATHER
12. Name Charles Rarden,
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosie McCrey
15. Birthplace Jerseyville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature [signature]
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director R. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) MAY 4 1940 (Date received local registrar) (b) J. F. Friedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1, year 1940 hour 9:00 minute p.m. M.

21. I hereby certify that I attended the deceased from Sept. 28, 1936, to May 1, 1940, 19 ; that I last saw her alive on May 1, 1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Epilepsy (Status Epileptecus)	
Due to Pulmonary Edema (Secondary to	
Due to Epilepsy)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert P. Smith (M. D. or other)
Address 5400 Arsenal St Date signed 5/2/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Fayette

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, above space should be left blank.