

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6005

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME REVEREND JOHN V. CHRIST 623

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 4, 1904
(Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Carlyle Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Clergyman

11. Industry or business _____

12. Name Louis Christ

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Holdner

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. Fresenburg (sister)

(b) Address 5742 Wabada Ave.

17. (a) Burial (b) Date thereof July 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 7146 Manchester Ave.

19. (a) JUL 17 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limit, write "RURAL") 0
(d) Street No. 2934 Marshall Ave. N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15TH
year 1940 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 14, 1940, to July 15, 1940
that I last saw him alive on July 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophic Cirrhosis Liver
Cause unknown

Other conditions Internal Capillary Heart
Overage

Major findings: Of operations _____

Of autopsy Hypertrophic Cirrhosis Liver
Capillary Heart Overage all Organs

22. If death was due to external causes, specify 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Hooster A. Dill (M. D. or other) D.D.
Address 7346A Manchester Date signed 7/17/40

Duration not

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE 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.....

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

Signed: *M. J. Conner*

Licensed Embalmer No. *2622*

P. O. Address.....

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.