

Registration District No. 791

Primary Registration District No.

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:
Enroute City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 21 years

FILED DEC 21 1940

3. (a) PRINT FULL NAME Clarence W. Christopher

3. (b) If veteran, name war No 3. (c) Social Security No. 494-03-7310

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Oct. 12, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 7 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Automobile

12. Name Henry Christopher

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

14. Maiden name Louise Deerhake

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

16. (a) Informant Rose Christopher

(b) Address 612 Lafayette Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/21/40
(Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Ind.

(e) Signature of funeral director H. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) NOV 20 1940 (b) J. F. [Signature]
(City, town, or county) (Year) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
612 Lafayette Ave
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
 year 1940 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h. _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Internal cerebral hemorrhage of brain
suffered following
craniotomy when chest had
operated by Dr. Hayman
was struck by ball and
operated by Samuel Eggert
 Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: Penetrating and ball wound
 Of operations _____
 Of autopsy Accidental

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) Accidental

(b) Date of occurrence 11/21/40

(c) Where and injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, or in public place?
Public place

While at work? No (Specify type of place)

(e) Means of injury Auto

23. Signature J. F. [Signature] (M. D. or other)

Address Deputy Coroner Rate signed _____

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

LA Casper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.