

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

16623
State File No.
Registrar's No. 4141

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:
Missouri Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether
In this community Life.
years, months or days)

3. (a) PRINT FULL NAME Marie E. Crist

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 43 hr. min.

9. Birthplace Spartansburg / S. C.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Oscar Bragg
13. Birthplace Spartansburg / S. C.
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known / 9
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Crist
(b) Address 4449 Forst Park Blvd.

17. (a) Burial (b) Date thereof 5/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Burial Pk.

18. (a) Signature of funeral director John Zugerhem, D.D.
(b) Address 7027 Grevois Ave.

19. (a) MAY 17 1941 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town 179
(If outside city or town limits, write "RURAL")
(d) Street No. 4449 Forest Park Blvd. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from march
9, 1941 to may 15, 1941;
that I last saw her alive on may 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Chronic endocarditis 4 years
chronic myocarditis

Due to Left hemiplegia 2 years

Other conditions abscess left thigh
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/2
Of autopsy 10/2

Duration 2 mo.
4 years
2 years
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?

While at work?..... (Specify type of place)
(a) Means of injury.....

23. Signature Norton John Everall (M. D. or other) MD
Address 4122 Washington Blvd. Date signed 5-16-41

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Graven*

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.