

S. No. 2
DM-542
v. 5-17-39
X32873

41873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2689

Registration District No. 184

Primary Registration District No. 111

966
3000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmonds Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4239 California Av.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: William T. Christen

3. (b) If veteran, name war no

3. (c) Social Security No. 489-09-7275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1942 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from 10-11-40
_____ 19 _____ to 12-17-42 19 _____
that I last saw him alive on 12-16-42 19 _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Christen

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 23, 1889
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration brief

Due to arteriosclerotic cardio-vascular disease with

Due to myocardial sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
53	0	24	_____ hr. _____ min.

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

10. Usual occupation Foreman of Trucks Crews

11. Industry or business Union Service Co.

Major findings: 13/a

Of operations _____

Of autopsy _____

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

MOTHER FATHER

12. Name William Christen

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Apel

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Christen

(b) Address 4239 California Ave.

17. (a) Burial (b) Date thereof Dec. 19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2301 Grand Bl. St. Louis

19. (a) DEC 19 1942 (b) C. D. Nefferman
(Date received local registrar) (Registrar's signature)

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? _____
Means of injury _____

23. Signature Wayne D. Gorta (M. D. or other) MD
Address 2739 No. Grand Bl. Date signed 12-15-42

Meb

407

FEB 8 1949

MAY 26 1949

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 *John Ketter*

Licensed Embalmer No. 3880

P. O. Address 4355 Washington

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.