

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

534
7534

State File No. _____
Registrar's No. 453

REGISTRATION DISTRICT NO. 784

Primary Registration District No. 117

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves

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

(d) Length of stay: In hospital or institution nil
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 421 Newport
(If rural, give location)

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

3. (a) PRINT FULL NAME George H. Christensen

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Christensen 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 22, 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1943 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec-19-1942 to Feb-21-1943
that I last saw him alive on Feb-20-1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79	5	29	hr. min.
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Immediate cause of death Coronary occlusion Duration 2 months

Due to Cardiovascular disease

Due to Insularity

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

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

10. Usual occupation Stone Contractor

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mary Christensen

(b) Address 421 Newport

17. (a) Burial (b) Date thereof 2-24-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) **FEB 24 1943** (b) C. J. McCarty M.D.
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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) (e) Means of injury ⊙

23. Signature Arthur W. Webster (M. D. or other) _____

Address Webster Groves Mo Date signed 2-22-43

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..... *H. C. Burgess*
Licensed Embalmer No. *4029*
P. O. Address..... *Maplewood*

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.

EMBI 10 1933