

Filed NOV 29 1943 818

1003

10013

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 11/9
(d) Street No. 4310 Cottage (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fred Christian

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Christian 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Unavailable Abt. 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 80 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Ice man

MOTHER FATHER { 12. Name Wyatt Christian
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Morgan Whiteside
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Christian

(b) Address 4310 Cottage Avenue

17. (a) Burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) NOV 16 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,
year 1943 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from November
4, 1943 to November 13, 1943;
that I last saw him alive on November 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis
Arteriosclerotic Heart Disease

Duration
Unk.
Unk.

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature S. E. Smith (M. D. or other) _____
Address 2601 W. Hillier Date signed 11/16/43

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

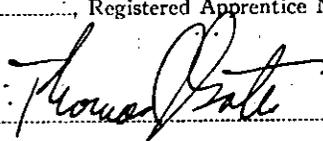
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Avenue

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.