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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 140

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 522

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6 (If outside city or town limits, write "RURAL")

(d) Street No. 21 Almeda Place 2NR (If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christopher, Alice Agnes

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 Frank

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

7. Birth date of deceased St. Louis Feb. (Month) 18. (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	10	29	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Erbe
13. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary Murphy
15. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Frank J. Christopher

(b) Address 21 Almeda Place Ferguson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Camatery

18. (a) Signature of funeral director SULLIVAN BRO'S

(b) Address 2849 N. Euclid Ave.

19. (a) JAN 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1945 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1-14, 1945, to 1-17, 1945; that I last saw her alive on 1-17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 83

Major findings:
Of operations

Of autopsy none

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. ~~or other~~)

Address BARNES HOSPITAL Date signed 1/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Pinkman

Licensed Embalmer No. 3553

P. O. Address.....

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.