

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution: Home 3321 Brown Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 1
years, months or days

3. (a) PRINT FULL NAME THERESA MARY CHRISTIANSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. 493-01-3642

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife ARTHUR

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased NOV 13 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 3
If less than one day, hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER

12. Name WILLIAM WELS

13. Birthplace GER 4
(City, town, or county) (State or foreign country)

14. Maiden name THERESA BOEDEKER

15. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR Christianson

(b) Address 2577 W HEBERT

17. (a) Burial (b) Date thereof Dec 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Proctor and Co

(b) Address 3710 N Grand

19. (a) DEC 18 1944 (b) E. R. Westland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2577 W HEBERT 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1944 hour 50 minute a M.

21. I hereby certify that I attended the deceased from 8-18
1944 to 12-16, 1944

that I last saw her alive on 12-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Myocarditis

Due to Myocarditis

Other conditions Bronchitis
(Include pregnancy within 8 months of death)

Major findings: Of operations 930

Of autopsy 930

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 E. R. Westland (M. D. or other) DO

Address 3700 N Grand Date signed 12-18-44

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

76
13
1

DEC 18 1944

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. ~~1234~~

working under my personal supervision.

Signed Earl E Provost

Licensed Embalmer No. 1578

P. O. Address 3710 N GRAND AVE

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.