

FILED APR 23 1945
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State File No. _____
Registrar's No. 3102

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(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. 20 days
(Specify whether _____)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Willie H. Christian
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Christian 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 15th, 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Harry Christian
(b) Address 3322 Lucas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-45
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood emetery

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St.

19. (a) APR 7 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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") 21
(d) Street No. 3322 Lucas (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6, year 1945 hour 3 minute 30 AM.
21. I hereby certify that I attended the deceased from March 17, 1945 to April 6, 1945

that I last saw him alive on April 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung Duration 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) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) 4/6/45
Address 2601 W. Pittsburg Date signed _____

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 *L. Boykin*

....., Registered Apprentice No. *M*
working under my personal supervision.

Signed *Lonnie Boykin*
Licensed Embalmer No. *2946*
P. O. Address *St Louis Mo*

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.