

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE HEALTH BOARD
STANDARD CERTIFICATE OF DEATH

28920
State File No. 8660
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1918a South Third Street
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days (Specify whether _____)

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")

(d) Street No. 1918a South Third St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Christen

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Christen

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

7. Birth date of deceased Feb. 7, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Simon Apel

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

14. Maiden name Don't know

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

16. (a) Informant Miss Stella Christen

(b) Address 1918a S. 3rd St.

17. (a) Burial (b) Date thereof Oct. 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 8 1945 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1939 to Oct 5 1945
that I last saw her alive on Oct 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Bronchial Asthma

Due to _____

Due to _____

Other conditions P2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 5yrs
10yrs

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)

(g) Means of injury _____

23. Signature R. B. Barn (M. D. or other) MD
Address 2000 S. Broadway Date signed 10-6-45

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.....

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette St......

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.