

Registration District No. **317**

Primary Registration District No. **3066**

Registrar's No. **1807**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Old Folks Home, 711 S. Kirkwood Rd**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **711 S. Kirkwood Rd.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harold W. Christy**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased **March 12, 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **9** If less than one day hr. min.

9. Birthplace **East St. Louis Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Francis M. Christy**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Old Folks Home**
(b) Address **Kirkwood, Mo.**

17. (a) **Burial** (b) Date thereof **8/23/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**
(b) Address **131 W. Argonne Br. Kirkwood**

19. (a) **8-23-47** (b) **Beila J. Shapton**
(Date received local registrar) (Registered signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **21** year **1947** hour **2** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **Jan** 19**44**, to **8/21** 19**47** that I last saw him alive on **8/21** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dehydration**

Due to **Myocarditis (Chc)**

Due to **Alz**
Other conditions **Senile Dementia**

Major findings: Of operations _____
Of autopsy _____

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? _____
(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 **R. P. Theelie** (M. D. or other) **md**
Address **Kirkwood, Mo.** Date signed **8/23/47**

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

96
4
3

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 Peter B. Dubrouillard

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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.