

FILED APR 30 1948

Registration District No. **318**

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

(c) Name of hospital or institution: **Peoples Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 hours**
(Specify whether _____)

In this community **29 years**
(years, months or days)

3. (a) PRINT FULL NAME **Wallace B. Christian**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Laura Christian**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased: **December 3, 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	13	hr. 35 min.

9. Birthplace **Richmond, Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

MOTHER FATHER

12. Name **Wallace Christian**

13. Birthplace **Williamsburg, Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Wyatt**

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

16. (a) Informant **Laura Christian**

(b) Address **48 Lewis Place**

17. (a) **Burial** (b) Date thereof **4/24/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cemetery**

18. (a) Signature of funeral director **Russell Und., Co.**

(b) Address **2732 Pine Boulevard**

19. (a) **APR 24 1948** (Date received local registrar)
J. F. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **48 Lewis Place** **9**
(If rural, give location)

(e) Citizen of foreign country? **No** **0**
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21**
year **1948** hour **12** minute **25** A.M.

21. I hereby certify that I attended the deceased from **March 15** A.M. to **April 21**, 19**48**.
that I last saw him alive on **April 21**, 19**48**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary disease c reg ventricular failure** Duration **72 hrs.**

Due to **bot arteriosclerosis**

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 **Alan J. Brown M.D.**
Address **4242 Easton Ave** Date signed **4-23-48**
(M. D. or other)

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 Clare Young

Licensed Embalmer No. 3371

P. O. Address LA Louis

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.