

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18060**  
Registrar's No. **4482**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4482</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>110 Kayser Ave. 481</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deacones Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>110 Kayser Ave. 481</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) _____		c. (Last) <b>Christ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 17, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 25, 1879</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR <b>0</b> Months	IF UNDER 4 HRS. <b>22</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Europe</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Kuhn</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Lutz</b>		14. NAME OF HUSBAND OR WIFE <b>Michael Christ</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Michael Christ</b> ADDRESS <b>110 Kayser Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Caecum</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Ch. Hom. Duplutz -</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo.</b>	
19a. DATE OF OPERATION <b>5/15/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Mass in Caecum 3 cms in diameter</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>153X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>8-17-1888</b> to <b>5-17-1950</b> , that I last saw the deceased alive on <b>5-17-50</b> , and that death occurred at <b>7:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. E. ... M.D.</b> (Degree or title)				23b. ADDRESS <b>1602 S. Brady</b>		23c. DATE SIGNED <b>5/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 20, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Afton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 19 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und., Co/</b> ADDRESS <b>7420 Michigan Ave.</b>			

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. E. Morris* .....

Licensed Embalmer No. *3360* .....

P. O. Address .....

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.