

FILED DEC 27 1950

# STANDARD CERTIFICATE OF DEATH

41950  
State File No. 10535  
Registrar's No. 10535

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY 1  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 7904 Ivory Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY 2614  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
d. STREET ADDRESS (If rural, give location) 7904 Ivory Ave.

3. NAME OF DECEASED  
a. (First) Christopher b. (Middle) W. c. (Last) Alfred  
4. DATE OF DEATH (Month) (Day) (Year) December 9, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 12, 1884 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Days 27 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Old Monroe, Mo  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bernard Alfred 13b. MOTHER'S MAIDEN NAME Catherine ? 14. NAME OF HUSBAND OR WIFE Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO.  
17. INFORMANT'S SIGNATURE OR NAME Wilbur Alfred ADDRESS 4373 Loughborough Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carbon Monoxide Poisoning  
when found dead in his tank at 4904 near Ivory Ave after using gas oven for heating at purpose on Dec 9 1950 at about 8:20 pm  
INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION Accident  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUBJECT Accident (Specify)  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.)  
21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis, Mo

21d. TIME OF INJURY (Month) (Day) (Year) Dec 9 50 (Hour) (Min) 8:20 p.m.  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? E 8920

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:20 p.m. from the causes and on the date stated above. 15

22a. SIGNATURE Cecil E Taylor (Degree or title) Carroll 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 12/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/13/50 24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis MO.

DATE REC'D BY LOCAL REG. DEC 11 1950 REGISTRAR'S SIGNATURE J. B. Fasater 25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons ADDRESS 2630 Gravois Ave.

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *Herman A. Gebken* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *24240* .....

P. O. Address 2650 Gravois Ave. .....

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. ....