

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4664

1. PLACE OF DEATH a. COUNTY <i>ST. LOUIS</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>JEFFERSON</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>RURAL - ROCK TOWNSHIP</i>	
c. LENGTH OF STAY (In this place) <i>11 Days</i>		d. STREET ADDRESS (If rural, give location) <i>NEAR ARNOLD Mo 0500 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>LUTHERAN HOSPITAL</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>GEORGE</i> b. (Middle) <i>T.</i> c. (Last) <i>CHRIST</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 17 1951</i>		
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5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>FEB 13 1864</i>	9. AGE (In years last birthday) <i>87</i>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 MIN. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
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13a. FATHER'S NAME <i>Peter Christ</i>		13b. MOTHER'S MAIDEN NAME <i>Martina Wiley</i>		14. NAME OF HUSBAND OR WIFE <i>Augusta Christ</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Augusta Christ Arnold</i>		ADDRESS <i>Arnold Mo</i>	
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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.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>Months</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate with Generalized Metastases</i>			
	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. <i>Generalized arteriosclerosis with partial Coronary Arterial Failure Fracture Neck of Right Femur</i>			3 days 2 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>177 X F</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT <del>SUICIDE</del> <del>HOMICIDE</del>	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Near Arnold Mo</i>
21d. TIME OF INJURY <i>5/6/51</i>	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fallen (burn)</i>

22. I hereby certify that I attended the deceased from *May 6*, 19*51*, to *May 17*, 19*51*, that I last saw the deceased alive on *May 17*, 19*51*, and that death occurred at *5:14 P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Morris Arman MD</i>	(Degree or title)	23b. ADDRESS <i>3701 Grand Square</i>	23c. DATE SIGNED <i>5/10/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 20-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Johns Lutheran</i>	24d. LOCATION (City, town, or county) (State) <i>Becke Mo</i>
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DATE REC'D BY LOCAL REG <i>MAY 18 1951</i>	REGISTRAR'S SIGNATURE <i>J B Larkins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>HEILIGTAG FUNERAL HOME</i>	ADDRESS <i>KIMMSWICK MO</i>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Arthur W. Heiligman*

Signed.....

Student Embalmer

Licensed Embalmer No. *3872*

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.**