

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14130**
Registrar's No. **3242**

BIRTH NO. **16976** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute to City Hosp.**

d. STREET ADDRESS (If rural, give location) **23 2215a South Third**

3. NAME OF DECEASED (Type or Print)
a. (First) **STEVEN** b. (Middle) **S** c. (Last) **CHRISTESON**

4. DATE OF DEATH (Month) (Day) (Year)
4 6 52

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NM

8. DATE OF BIRTH **April 6, 1952**

9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours IF UNDER 1 MRS. Min.
29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
US

13a. FATHER'S NAME
Otto Christeson

13b. MOTHER'S MAIDEN NAME
Bernice Connell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Otto Christeson 2215a So. Third

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
INTERSTITIAL PNEUMONITIS
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.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
St. Louis Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

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 **1205** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Patrick E. Layton Coroner

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
4.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4-9-52

24c. NAME OF CEMETERY OR CREMATORY
St. Matthews

24d. LOCATION (City, town, or county) (State)
St. Louis Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
APR 7 1952 *Carl Smith MD*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
McLaughlin F. Home 2301 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. F. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.