

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30302

State File No. ....

FILED SEP 5-1952  
57307

BIRTH NO. 57307 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 347 Registrar's No. 2175

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. LENGTH OF STAY (In this place) <b>11 HOURS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		<b>2159</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4349 Oleatha St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BABY</b> b. (Middle) <b>GIRL</b> c. (Last) <b>CHRISTIANA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 17 1952</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 0</b>	8. DATE OF BIRTH <b>8-16-52</b>	9. AGE (In years last birthday) (Specify) <b>3</b>	IF UNDER 1 YEAR Months <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Christiansa</b>		13b. MOTHER'S MAIDEN NAME <b>Marlene Schneidemeier</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Christiansa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity - (4 1/2 months)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pre-mature labor - (4 1/2 months)</b> DUE TO (c) <b>776X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>11 hrs. 50</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		
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>8-16, 1952</b> to <b>8-17, 1952</b> , that I last saw the deceased alive on <b>8-16, 1952</b> , and that death occurred at <b>4:45 A.M., 8-17-52</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Clifford R. Kaskie MD</b> (Degree or title)			23b. ADDRESS <b>35 N. Central, Clayton</b>		23c. DATE SIGNED <b>8-17-52</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/18/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-18-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary 2842 Meramec St.</b>	

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

**NO EMBALMING**

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Signed *Loren E. Percy*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4094*.....

P. O. Address *2842 Meramec St.,  
St. Louis, 18, Mo*.....

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.