

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED OCT 21 1952

State File No. 36246
9367
Registrar's No.

BIRTH NO. 71529 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			d. STREET ADDRESS (If rural, give location) 24 3113 Ohio Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Anthony c. (Last) Christoffel			4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1952			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Oct. 8, 1952		9. AGE (In years last birthday) 12 IF UNDER 12: Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Thomas A. Christoffel		13b. MOTHER'S MAIDEN NAME Margaret Jack		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Thomas A. Christoffel ADDRESS 3113 Ohio 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, arthritis, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 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 <input type="checkbox"/> NO <input 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? 776X				
22. I hereby certify that I attended the deceased from Oct 8, 1952 to Oct 9, 1952 that I last saw the deceased alive on Oct 9, 1952 and that death occurred at 2:30 P.M., from the causes and on the date stated above.						
23a. SIGNATURE William H. Stude M.D. (Degree or title)			23b. ADDRESS 16 Hampton Hillside Place		23c. DATE SIGNED 10-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/10/52	24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. OCT 10 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons 2630 Gravois		

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.