

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4032

State File No. ....

No. 300

No. 40

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

FILED FEB 10 1953

BIRTH NO. <u>12624</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>348</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>CLAYTON MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY OR TOWN <u>CLAYTON MO</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON MO</u>		<u>4442</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>601 S. Brentwood Blvd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u>		b. (Middle) <u>Christian</u>		c. (Last) <u>Christian</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>		8. DATE OF BIRTH <u>24 JAN 53</u>	
9. AGE (In years last birthday) <u>3 days</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLAYTON MO</u>	
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)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BENNIE CHRISTIAN</u>		13b. MOTHER'S MAIDEN NAME <u>GERMAJEAN MONDANE</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggi Mondane</u>		ADDRESS <u>8746 Agnes</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Peritonitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture of stomach (greater curv)</u> DUE TO (c) <u>Volvulus</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (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?			
22. I hereby certify that I attended the deceased from <u>1-24-</u> , 19 <u>53</u> to <u>1-27-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-27-</u> , 19 <u>53</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. M.D.</u> (Degree or title)				23b. ADDRESS <u>601 S. Brentwood, Clayton</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FATHER DICKSON</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>H. R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. R. Domb</u>		ADDRESS <u>1306 Ellipse</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thodore S. Yandell

Licensed Embalmer No. 4243

P. O. Address 130 Oldridge

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.