No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29855

State File No.

FILED AUG 20 1953

BIRTH NO. 45676 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7327

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (In this place): 15 Hrs 3 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Children's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: 2239
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2120 Waverly

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Eugene
c. (Last): Christopher

4. DATE OF DEATH (Month) (Day) (Year): 7 28 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-26-53
9. AGE (In years last birthday): If under 1 year: Months / Days: 2 / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Logan C. Christopher
13b. MOTHER'S MAIDEN NAME: Mary Wright
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: J. Egan
ADDRESS: 500 So. Kingshighway

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tracheoesophageal fistula — INTERVAL BETWEEN ONSET AND DEATH:

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.

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): 756.2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 7-27, 1953, *to* 7-28, 1953 *that I last saw the deceased alive on* 7-28, 1953, *and that death occurred at* 5:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm L. Smith M.D.
23b. ADDRESS: 500 So. Kingshighway Blvd.
23c. DATE SIGNED: 7-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-28-53
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Bonne Terre, Missouri.

DATE REC'D BY LOCAL REG.: JUL 28 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Bonham
ADDRESS: Bonne Terre, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... NO EMBALM

Licensed Embalmer No. .....

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.