

ILL NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40283**
10800

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo)		a. STATE Missouri	b. COUNTY 2199
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4336 Lindell Ave		d. STREET ADDRESS (If rural, give location) 19 4336 Lindell Ave.	

3. NAME OF DECEASED (Type or Print) Fred	a. (First)	b. (Middle)	c. (Last) Christian	4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1953
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Ab 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Apartment Bldgs	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Fred Christian	13b. MOTHER'S MAIDEN NAME Polly Clayborne	14. NAME OF HUSBAND OR WIFE Indiana Christian
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. W.W.I	17. INFORMANT'S SIGNATURE OR NAME Lillie Wells	ADDRESS 3727(rear) Cass Ave
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation by drowning		
	ANTECEDENT CAUSES suffered when deceased fell into sump hole in the basement at 4336 Lindell Blvd		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. on Nov 8 1953 exact		
	II. OTHER SIGNIFICANT CONDITIONS positive unknown		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, garage, field, etc.) Basement	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.
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21d. TIME OF INJURY Nov 8 53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9290
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 10/5/53, 1953, and that death occurred at 10:50 m., from the causes and on the date stated above. **22**

23a. SIGNATURE Walter Perry Roberts	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/4/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/16/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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DATE REC'D BY LOCAL REG. NOV 14 1953	REGISTRAR'S SIGNATURE E. Earl Smith Md	25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts	ADDRESS 1416 N. Taylor Ave.
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(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 James A. Carter

Licensed Embalmer No. 127681

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.