

STANDARD CERTIFICATE OF DEATH

State File No. **9223**

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Saint Charles		c. LENGTH OF STAY (in this place) Res.	c. CITY OR TOWN Saint Charles
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 Lindenwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) 218 Lindenwood	

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) F.	c. (Last) Christiansen	4. DATE OF DEATH (Month) (Day) (Year) April 5, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH Oct. 6, 1866
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR (Months) 5	IF UNDER 24 HRS. (Day) (Hours) (Min.) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) New Orleans, Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Hans Christiansen	13b. MOTHER'S MAIDEN NAME Eleanor M. Brook	14. NAME OF HUSBAND OR WIFE Frances Melton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arthur Bass, Saint Charles,

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		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease			5 1/2 yrs.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **9-24-49**, 19___, to **4-2**, 19**55**, that I last saw the deceased alive on **4-2-55** 19___, and that death occurred at **12 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Carl Christiansen M.D.	23b. ADDRESS 114 N. Main St., St. Chas., Mo.	23c. DATE SIGNED 4-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. April 6 1955	REGISTRAR'S SIGNATURE Frankie Handman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Dalmeyer, St. Charles, Mo.
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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.....
Signature of Student Embalmer

Signed.....
Frank R. G. [Signature]

Licensed Embalmer No.....
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P. O. Address.....
St. Charles

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.