No. 300
10.48

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3362

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 18

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

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) St. Ferdinand
c. LENGTH OF STAY (in this place) 6 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Gesu - 11755 Riverview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits write RURAL and give township) St. Ferdinand 4000
d. STREET ADDRESS (If rural, give location) 11755 Riverview Drive

3. NAME OF DECEASED (Type or Print) a. (First) Sister b. (Middle) Mary Columba c. (Last) Christ

4. DATE OF DEATH (Month) Jan (Day) 2 (Year) 1956

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried
8. DATE OF BIRTH Dec. 5, 1871
9. AGE (In years last birthday) 84 — If under 1 year: Months — Days 28 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teaching
10b. KIND OF BUSINESS OR INDUSTRY Religious
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John Christ
13b. MOTHER'S MAIDEN NAME Margaret Koestner
14. NAME OF HUSBAND OR WIFE Unmarried

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Sister M. Gertrude ADDRESS 11755 Riverview

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertrophy CV disease — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION X
19b. MAJOR FINDINGS OF OPERATION 151X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* Apr, 1950, *to* 1-2, 1956, *that I last saw the deceased alive on* 12-27, 1955, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Wenich (Degree or title) MD
23b. ADDRESS 8321 N Broadway
23c. DATE SIGNED 1-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 4 1955
24c. NAME OF CEMETERY OR CREMATORY Villa Gesu
24d. LOCATION (City, town, or county) (State) 11755 Riverview St. Louis Mo

DATE REC'D BY LOCAL REG. 1-4-56
REGISTRAR'S SIGNATURE Herbert R. Domke
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. ADDRESS 7420 Michigan

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michiga

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.