

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10545

State File No.

FILED APR 10 1956

 BIRTH NO. 18210-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3169

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Arnold		d. RESIDENCE WITHIN LIMITS OF A CITY INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			STREET ADDRESS (If rural, give location) R. R. #2			
3. NAME OF DECEASED (Type or Print) a. (First) Christopher			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 25, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 25, 1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 47	
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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Sylvester Christopher		13b. MOTHER'S MAIDEN NAME Gertrude Zelma Smith		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 Hospital Records			ADDRESS
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) Asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Separation of Placenta 6 hours DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7610				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 761-5				20. AUTOPSY? YES <input 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)				
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>3-25-1956</u> , to <u>3-25-1956</u> , that I last saw the deceased alive on <u>3-15-1956</u> and that death occurred at <u>1:56 AM.</u> , from the causes and on the date stated above.						
23a. SIGNATURE Charles G. McLean, M.D.			23b. ADDRESS 3121 N. Grand		23c. DATE SIGNED 3/26/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAR 31 1956	24c. NAME OF CEMETERY OR CREMATORY Anatomical Boars	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. MAR 29 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service		ADDRESS 416 Macdonald Ave.		

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.