

STANDARD CERTIFICATE OF DEATH

42841

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12108**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4229 W. LEXINGTON		d. STREET ADDRESS 4229 W. LEXINGTON	

3. NAME OF DECEASED (Type or print) ELIAS W. CHRISTOPHEL			4. DATE OF DEATH Month DEC. Day 31, Year 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 4, 1891		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY SIGN		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		
13. FATHER'S NAME ELIAS P. CHRISTOPHEL			14. MOTHER'S MAIDEN NAME SUSAN RATHS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address ELIZABETH CHRISTOPHEL 4229 W. LEXINGTON		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic coronary thrombosis	
	DUE TO (c) Hypertensive arteriosclerotic cardiovascular disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) diabetes		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420-1	
20c. TIME OF INJURY Hour a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 15, 1956 to December 31, 1956 and last saw ^{her} him alive on December 31, 1956 Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) John T. Lawton, M.A.	22b. ADDRESS 539 N Grand Blvd.	22c. DATE SIGNED 1-2-57

23a. BURIAL, CREMATION, REBURIAL (Specify) BURIAL	23b. DATE JAN. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. JAN 2 1957	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JAN 15 1957

MEDICAL CERTIFICATION

m 96

DR JOHN LAWTON
HUMBOLT BLDG.
OFFICE JE 1-1255
RES. JE 1-6849

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M. W. Ruster*.....

Licensed Embalmer No. *48*

P. O. Address *St. Louis*

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.