

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023727  
State File No. 6587  
Registrar's No.

FILED JUL 14 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 3145 No. 11th St.	
3. NAME OF DECEASED (Type or Print) Christine		4. DATE OF DEATH (Month) June (Day) 30 (Year) 1958	
5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 3-21-1876	
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (City and State or Foreign Country) unk.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME unk.	
14. NAME OF HUSBAND OR WIFE unk.		15. INFORMANT'S SIGNATURE OR NAME Richard Scholler, 1711 Hall, E. St. Louis	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Yes (Unk)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteriodic Heart Disease			
2. ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Diabetic Mellitus, Chronic Pyelonephritis, Terminal Bronchopneumonia			
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION 260x			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May 27, 1957, to June 30, 1958, that I last saw the deceased alive on June 30, 1958, and that death occurred at 5:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE George M. Janaka, M.D.		23b. ADDRESS 5600 Arsenal	
23c. DATE SIGNED 7/1/58		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. DATE 7-3-58		24b. NAME OF CEMETERY OR CREMATORY St. Matthews	
24c. LOCATION (City, town, or county) St. Louis, Mo.		24d. (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1958		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.	

---

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..... *James R. Chapman*

Licensed Embalmer No..... *45*

P. O. Address..... *St. Louis*

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.