

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045508

STATE FILE NUMBER

1003

Registrar's No. 12087

JAN 5 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12087

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 ST. LOUIS CITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 231 2608 St. Vincent	
3. NAME OF DECEASED (Type or print) First Middle Last JUANITA CHRISTENSON		4. DATE OF DEATH Month Day Year 12/13/58	
5. SEX Female	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 6-11-1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Bunker, Missouri
13a. FATHER'S NAME James Swiney		13b. MOTHER'S MAIDEN NAME Julia Smith	14. NAME OF HUSBAND OR WIFE Walter Christeson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT Walter Christeson, 2608 St. Vincent
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Card arrest</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>The MA' inactive Emphysema - or pulmonary -</i> DUE TO (c) <i>2° Congestive</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1002x</i>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>12/11/58</i> to <i>12/13/58</i> and last saw her/him alive on <i>12/13/58</i> Death occurred at <i>1:24 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles McLaughlin M.D.</i> (Degree or title)		22b. ADDRESS <i>1515 LAFAYETTE</i>	22c. DATE SIGNED <i>12/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Removal</i>	<i>12-16-1958</i>	<i>Grealey, Cemetery</i>	<i>Grealey, Missouri</i>
24. FUNERAL DIRECTOR McLaughlin's, 2301 Lafayette		25. DATE RECD. BY LOCAL REG. <i>DEC 15 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> <i>MSB</i>

All diseases in Part I must be causally related.
 Questioned: - *Charles McLaughlin*
 USE ONLY BLACK INK OR BIRBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. *4550*
P. O. Address *St. James*

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.