

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b.		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospt.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5633 Page Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Vergil</u> Middle <u>Christenberry</u> Last				4. DATE OF DEATH <u>11-28-60</u> Month Day Year									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-6-1899</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>			11. BIRTHPLACE (City and state or country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Lindsay Christenberry</u>				13b. MOTHER'S MAIDEN NAME <u>Nealey Bruney</u>				14. NAME OF HUSBAND OR WIFE <u>Florence Christenberry</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>				16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT <u>Florence Christenberry</u>		Address <u>5633 Page Ave</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Cardiac insufficiency</u>										<u>1 1/2 yrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>										<u>4 yrs</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>										<u>8 "</u>			
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Emphysema, Myocardial Infarct</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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.) <u>420.0</u>									
20c. TIME OF INJURY Hour Month, Day, Year 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 <u>July 1957</u> to <u>Nov 1960</u> and last saw him alive on <u>11-27-60</u> Death occurred at <u>4:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>John B. Meyer M.D.</u>						22b. ADDRESS <u>634 N. Grand Blvd</u>			22c. DATE SIGNED <u>11-29-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-1-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>				23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>		(State)			
24. FUNERAL DIRECTOR <u>J.W. Clark F.H.</u>				ADDRESS <u>1125 Hodiamont Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 30 1960</u>		26. REGISTRAR'S SIGNATURE <u>Leon Smith, M.D.</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Elmer D. Fisher

Licensed Embalmer No. 407

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.