

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

7480

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1009
City St. Louis No. 5632 Kansas St.

File No.....
Registered No. 1809
St. Ward)

2. FULL NAME

Elise Christman
(a) Residence No. 5632 Kansas St. St. 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | | |
|--|--|----------------------------------|--------------------|--|--|
| 3. SEX <u>Female</u> | | 4. COLOR OR RACE <u>White</u> | | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Divorced</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oscar J. Christman</u> | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 11, 1864</u> | | | | | |
| 7. AGE | | YEARS <u>66</u> | MONTHS <u>3</u> | DAYS <u>29</u> | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u> (c) Name of employer | | | | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u> | | | | | |
| PARENTS | 10. NAME OF FATHER <u>Gustav Hertwig</u> | | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | | | |
| | 12. MAIDEN NAME OF MOTHER <u>unknown</u> | | | | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to Feb. 9, 1931, that I last saw h. alive on Feb. 9, 1931, and that death occurred, on the date stated above, at 11:45 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 930 Laber Pneumonia
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
108
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Victor E. Keffer M. D.
, 19 (Address) 3803 50 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mr. Fred Zimpf
(Address) 5632 Kansas St.
15. FILED 11 1031 Mar. C. Barkley
19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park DATE OF BURIAL 2-11 1931
20. UNDERTAKER Haigshauser and Co. ADDRESS 922 8th Kingz Highway

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

