

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.

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

4463
Do not use this space.

REC'D MAR 13 1939

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. 3121 Michigan Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1156**

2. PRINT FULL NAME Josephine C. Christen

(a) Residence, No. 3121 Michigan Ave. St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nicholas Christen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
70 3 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME George Furlong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Walter Christen
3121 Michigan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thakutis
2906 Gravois Ave.

20. FILED FEB 6 1939 J. F. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1939, to Feb. 3, 1939
I last saw her alive on Feb. 3rd, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

myocarditis, and myocardial degeneration Date of onset 1934?

Other contributory causes of importance: Gastroenteritis - non-specific, no food poisoning probably caused by Staphylococcus infection Feb. 2nd 1939

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify: Leo E. Witnicki, M. D.
(Signed) Leo E. Witnicki, M. D.
(Address) 5402 A Gravois

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.....

THOS. HUTIS.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thos. Hutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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 this body is not embalmed, above space should be left blank.