

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis **23**
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 S 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Henry Christmann

3. (b) If veteran, name war no 3. (c) Social Security No. 497-03-1711

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 1 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 26 hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Sawdust Whse

12. Name August Christman

13. Birthplace Bremen Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Kuzak

15. Birthplace Kimmswick Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Weber

(b) Address 8315 S Bdway

17. (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Comm

18. (a) Signature of funeral director Weick Bros

(b) Address 412 Duchouquette St

19. (a) DEC 28 1940 (b) J. H. Brudick
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 26,
year 1940 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from December 23, 1940 to December 26, 1940;
that I last saw him alive on December 26, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy Above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. H. Brudick (M. D. or other) 12/26/40
Address 1515 Lafayette Ave. Date signed _____

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

2

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Nancy A. Stewart

Licensed Embalmer No. 3722

P.O. Address 412 Duchouquette St

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.