

FILED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15829

Registration District No. 284

Primary Registration District No. Two

Registrar's No. 842

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maryland Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural (Maryland Heights) /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME CHRISTINA HARBISON.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alton Harbison. 6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased July 5, 1872.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 13 hr. min.

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

10. Usual occupation Housework

11. Industry or business Housework

MOTHER FATHER { 12. Name George Spoerl.  
13. Birthplace ? Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara Helgoth.  
15. Birthplace ? Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George H. Spoerl.

(b) Address Maryland Heights, Missouri.

17. (a) Burial (b) Date thereof April 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) APR 18 1941 (b) H. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maryland Heights.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Maryland Heights  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18<sup>th</sup>  
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1939, to April 18<sup>th</sup>, 1941.  
that I last saw her alive on April 17<sup>th</sup>, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days  
Due to Arteriosclerosis 92% 2 years

Other conditions Chronic Valvular Disease of 4 yrs 4 mo.  
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 H. T. Johnson M.D. (M. D. or other) JD  
Address Patterson, Mo Date signed Apr 18, 41

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

6  
0  
0

JUL 31 1947

AUG 1 1947

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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastern 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 this body is not embalmed, above space should be left blank.