. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20469

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5281

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1330 LAUREL AVE. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS 176
(If outside city or town limits, write "RURAL")

(d) Street No. 1330 LAUREL AVE. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH CHRISTMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE /

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THOMAS J. CHRISTMANN

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased DEC. (Month) 26 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	0	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) 0 MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name ANDREW GUHL
13. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY KOBEL
15. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant MISS. LEONE CHRISTMANN
(b) Address 1330 LAUREL AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMT.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) JUN 27 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Aug-4-1936, 1936, to June 26, 1941
that I last saw her alive on June 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and General muscular dystrophy

Due to Cerebellar-Spinal-atrophy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature [signature] (M. D. or other)
Address 2102 S. Grand Bl. Date signed June 26-1941

(Licensed Embalmer's Statement on Reverse Side)

3550 Russell

2-4

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.