

FILED JUN 27 1942

Registration District No. 784

Primary Registration District No. 20

96000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vinita Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8122 Nola 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

3. (a) PRINT FULL NAME PETER CHRISTMANN.

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-5308

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jennie Christmann. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 28, 1883.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Butcher.

11. Industry or business Sieloff Packing Co.

12. Name Jacob Christmann.

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

14. Maiden name Dont know.

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

16. (a) Informant Mrs. Jennie Christmann.
(b) Address 8122 Nola Ave.

17. (a) Burial (b) Date thereof 6-27-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966 Easton Ave.

19. (a) JUN 25 1942 (b) C. E. Sterlinski
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8122 Nola Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th.
year 1942 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from JUNE 11, 1942, to JUNE 24, 1942.
that I last saw him alive on JUNE 24, 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to ARTERIOSCLEROSIS

Due to HYPERTENSION

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy NONE

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 C. E. Sterlinski (M. D. or other) _____
Address 2050 N. 4th St. Rd., St. Louis Date signed 6-25-42

Dr. C. E. Sterling.
2050 N. & S. Road.
Winfield 1750.

APR 29 1954

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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, fact should be so stated above.