

FILED AUG 14 1942

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22677

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6627

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:
Mo. Baptist Hospital
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 943 Maple Pl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick W. Christman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Christman 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 6 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 28 hr. min.

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

10. Usual occupation Secretary (Retired)

11. Industry or business

MOTHER FATHER { 12. Name Bernhardt Christman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Rudoolff
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Christman
(b) Address 943 Maple Pl.

17. (a) Burial (b) Date thereof 8-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 6 1942 (Date received by Registrar)
J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from July-31-4
19..... to Aug. 4-1942, 19.....
that I last saw him im alive on August 3-1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Strangulation of bowel,
due to hernia 2 1/2 days

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Strangulated bowel, old
adnesions of gall bladder,

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 D

23. Signature H. G. Nickes (M. D. or other)
Address 5902 Maple Ave. Date signed

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

965 Hamilton
1-3

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 Albert R. Thompson Jr.
Licensed Embalmer No. 4237

P. O. Address.....

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.