

FILED MAR 10 1943

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4647 Delmar Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4647 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... NO. (Yes or No)
If yes, name country..... No.

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17
912

3. (a) PRINT FULL NAME John Chrismer
3. (b) If veteran, name war..... NO. 3. (c) Social Security No. 333-01-9920

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 26 year 43 hour 9 minute 15 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Florence Chrismer 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased..... 3 23 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 21-43 to Feb 26 1943; that I last saw him alive on Feb 26 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
41 11 3 hr. min.

Immediate cause of death.....
Due to Bronchial Pneumonia 5 days
Due to Had Pleurisy 7 days

9. Birthplace..... Trusdale Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation..... Machinist

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name..... Warren Chrismer
13. Birthplace..... Trusdale Mo.
(City, town, or county) (State or foreign country)
14. Maiden name..... May Lula Long
15. Birthplace..... Trusdale Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... Florence Chrismer
(b) Address..... 4647 Delmar Blvd.
17. (a) Burial (b) Date thereof..... 3 1 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation..... Calvary Cemetery
18. (a) Signature of funeral director..... Joodhart & Joodhart
(b) Address..... 2228 St Louis Ave.
19. (a) FEB 28 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) Means of injury.....
23. Signature..... J. N. Shaw (M. D. or other)
Address..... 2330 N. Union Date signed..... 2/27/43

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

MOTHER FATHER

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

Mapie A. Cashion

Licensed Embalmer No.

3749

P. O. Address

St. Louis Mo

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.