

APR 10 1943
Registration District No. 784

Primary Registration District No. 117

Registrar's No. 573

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

96
1
4

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town WEAVER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST. LOUIS
(c) City or town WEAVER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 817 NEWPORT AVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTIANA LICHTEMEYER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife FREDERICK W. LICHTEMEYER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 6 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business AT HOME

12. Name JOHN G. HUMMEL

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

14. Maiden name KATHARINA HAAS

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

16. (a) Informant Mrs Roland Hake

(b) Address 817 NEWPORT AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST. MARCUS CHURCH

18. (a) Signature of funeral director MITTELBERG FUN HOME

(b) Address LOCKWOOD AVE WEBER MO

19. (a) MAR 10 1943 (b) E. J. M. Serrano (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 8TH year 1943 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov 1/42 to March 8 1943 that I last saw her alive on March 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to _____
Due to _____

Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy no

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 J. J. Hornau (M. D. or other)
Address 490 BELMAR BL Date signed 3/18/43

MOTHER FATHER

96
7
3

Duration
3 yrs

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

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 Guy W Wilkinson
Licensed Embalmer No. 3575

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.