

APR 19 1943

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3356

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 233
(If outside city or town limits, write "RURAL")

(d) Street No. 2019 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mamie Christopher

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Henry Christopher

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

7. Birth date of deceased September 10 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>6</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Washington County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jule Courtaway

13. Birthplace Washington County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Warden

15. Birthplace Washington County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. David Sparks

(b) Address 2019 South Broadway

17. (a) Burial (b) Date thereof 4/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) Apr 9 1943 J. F. Prodeck
(Date received local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 23, 1943 to April 6, 1943
that I last saw her alive on April 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 2 yrs
(post-operative collapse)
Due to hypertomyomata 1 yrs.
enteric
Due to cholecystitis & cholelithiasis 5 yrs.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: as above

Of operations surgery Mar. 24-43

Of autopsy hypertrophy

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 _____

23. Signature George G. Sullivan red
421 W. Schermer 4/8/43
(M. D. or other) Date signed

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

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.....

J. Allen Ray Jr
Licensed Embalmer No..... *4653*

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.