

FILED JUN 4 1944 818

State File No. \_\_\_\_\_  
Registrar's No. 4845

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: Saint Louis, Missouri.

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

(c) Name of hospital or institution: 4740 Eichelberger  
(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: Missouri. (b) County: 000

(c) City or town: Saint Louis,  
(If outside city or town limits, write "RURAL")

(d) Street No.: 4740 Eichelberger  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Minnie Christopher

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

4. Sex: Female / 5. Color or race: White / 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Edward A. Christopher 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: May 13th, 1872.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>10</u>	hr. _____ min.

9. Birthplace: Saint Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation: House-wife.

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Louis Spies

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

14. Maiden name: Katherine Hoffmann

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

16. (a) Informant: Edward A. Eichelberger  
(b) Address: 4740 Eichelberger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: Ziegenhain Bros.  
(b) Address: 8409 Gravois Ave.

19. (a) MAY 26 1943 (b) J. F. Budeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd, year 1943. hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1938 to May 23, 1943 that I last saw her alive on May 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Amiplegia

Due to: Cerebral Hemorrhage

Due to: Hypertension

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

Major findings: See City

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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: A. H. Koal (M. D. or other) \_\_\_\_\_  
Address: 2416 24 Grand Date signed: 5/27/43

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

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**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.....

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *6409 Gravois*

**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.**