DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16239

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 4895

**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: 4038 Shenandoah Ave.
(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)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 0010 17
(c) City or town St. Louis 017
(If outside city or town limits, write "RURAL")
(d) Street No. 4038 Shenandoah Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Christopher
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Anna Christopher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 13th (Day) 1868 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 10 | 14 | hr. min. |

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER 12. Name Joseph Christopher
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Helen Fissell
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Marie Kuhlmeyer
(b) Address 4038 Shenandoah Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 28 1944 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27th year 1944 hour 3 minute P.M. P.M.
21. I hereby certify that I attended the deceased from May 15, 1944, to May 26, 1944, that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| Immediate cause of death Heart block | Duration |
|---|---|
| Due to Arterio Sclerosis | |
| Due to age | |
| Other conditions Angina Pectoris (Include pregnancy within 3 months of death) | |
| Major findings: Of operations none | |
| Of autopsy none | |

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Orrick E. Smith (M. D. or other)
Address 4047 W. Pine Date signed 5-28-44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**