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

6274

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7324

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1728

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: Mo. Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town St. Louis (Pinelawn) (If outside city or town limits, write "RURAL")
(d) Street No. 3547 Arden Ave. (If rural, give location) NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Philipp Christmann

3. (b) If veteran, name war

3. (c) Social Security No. 561-12-6891

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clintie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 14th, 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 5 If less than one day hr. min.

9. Birthplace St. Charles, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Fulton Iron Works

FATHER
12. Name Philipp Christmann
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Hannah Williams
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Clintie Christmann
(b) Address 3547 Arden Ave. (Pinelawn)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22nd (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kraeger-Voss
(b) Address 3402 N. Kingshighway

19. (a) FEB 20 1946 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 19th year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 14, 1946 to Feb 19, 1946 that I last saw him alive on Feb 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	10 day
Due to Intestinal obstruction	1 wk
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings: Of operations Intestinal obstruction adhesions
Of autopsy

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 C. E. Gilliland (M.D. or other)
Address 5270 Natural Bridge Date signed 2/20/46

(Licensed Embalmer's Statement on Reverse Side)

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 G 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.