S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11029

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2607

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 ½ months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Florissant 10
(If outside city or town limits, write "RURAL")

(d) Street No. Highway 99 & New Jamestown Road 0
(If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred G. Christmann

3. (b) If veteran, name war no

3. (c) Social Security No. 489-05-8190

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida Chriatmann

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 21 (Day) 1887 (Year)

8. AGE: Years 58 Months 7 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation President

11. Industry or business Christmann Veneer & Lbr. Co

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

MOTHER
14. Maiden name Christina Hesselboch
15. Birthplace Pendleton (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Ida Christmann
(b) Address Hy 99 & New Jamestown Road

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director A. Kron La U. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) MAR 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 05 AM
year 1946 hour 3 minute M.

21. I hereby certify that I attended the deceased from Nov 5, 1945, to MAR 18, 1946
that I last saw him alive on Mar 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelonephritis	?
Due to Carcinoma of Urinary Bladder	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Bladder

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 0

23. Signature H. H. Kamolowsky M.D. (M.D. or other)
Address 986 Arcade Bldg Date signed 3/18/46

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis, Mo.

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.