

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42243**
Registrar's No. **11079**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis Mo
(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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls **87**
(c) City or town Perry **0**
(If outside city or town limits, write "RURAL") **NK**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ercie Lonn Christensen
(b) If veteran, name war Nil
(c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1946 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 22
9:45 A.M. 1946 to Dec 22 10:10 P.M. 1946
that I last saw h. or alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Walter Christensen
(c) Age of husband or wife if alive 43 years

Immediate cause of death Brain tumor,
malignant
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy head examined
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? _____

8. AGE: Years 40 Months 3 Days 7
If less than one day _____ hr. _____ min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name Lan James
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Edwess
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Christensen
(b) Address Perry, Missouri
17. (a) Burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director Walter A.H. Hoffer
(b) Address Vandalia, Mo. 470 S. Washington
19. (a) J. F. Bredeck (b) J. F. Bredeck
(Date received) (Registrar's signature)

While at work? S (Specify type of place)
(c) Means of injury _____
20. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 12-23-46

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

41033

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.