No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 22129

FILED JUL 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6107

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs. 4 mos. 28 ds. (Specify whether
In this community 51 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6042 McPherson Ave 9
(If rural, give location)

#13

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHRISTIANSEN: DELIA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. /

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 4 (Month) 22 (Day) 1896 (Year)

8. AGE: Years 51 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Secretary

11. Industry or business Various

FATHER
12. Name Christian Christiansen
13. Birthplace Louisiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nannie Dyer
15. Birthplace ~~Unknown~~ LINCOLN Co. Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant C H Christiansen
(b) Address ~~5400 Arsenal St~~ 6042 McPherson

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

(c) Place: burial or cremation Troy, Mo

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) JUL 2 6 1947 (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from February 1946, 19, to June, 1947
that I last saw her alive on June 24, 1947, 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Meningitis (Post Operative Prefrontal Lobotomy | 2 days |
| Due to: Organism not yet determined | |
| Due to: Meningitis developed after operation on brain-type not determined | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Jack R Fidelman (M. D. or other)
Address City Sanit Date signed 6/24

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

Jefferson City Printing Co. (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 Thomas R. Yenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

**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.**