. 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. 29708

FILED SEP 2 1947

Registration District No. 317

Primary Registration District No. 3063

Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital O
(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 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 202 North Dade 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Norma Chrismer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Walter D.
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased FEB. (Month) 9 (Day) 1883 (Year)

8. AGE: Years 64 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business "
FATHER
12. Name Kingston
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Louisa Crosby
15. Birthplace Boston (City, town, or county) Mass. (State or foreign country)
16. (a) Informant Georgia Chrismer
(b) Address 5925 North Point
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from August 22, 1947, to August 27, 1947; that I last saw her alive on August 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Hypertensive Cardiovascular Disease	
Due to	
Other conditions Arteriosclerosis, general (Include pregnancy within 3 months of death)	
Arteriolar Nephrosclerosis with Uremia	

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 B. Smith Jr. M.D. (M.D. or other)
Address 601 S. Brentwood Clayton Mo. Date signed 8/29/47

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, Me

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.