S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14960

State File No. 2

FILED APR 30 1948

Registration District No. 2617

Primary Registration District No. 6076

Registrar's No. 954

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Sullivan Nursing Home, 3617 St. Ann's Lane 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community Since 1914
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 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Christian Hans Christiansen
3. (b) If veteran, name war
3. (c) Social Security No. 491-16-6420
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Nannie S. Dec.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 13 (Day) 1871 (Year)

8. AGE: Years 77 Months 1 Days 26 If less than one day hr. min.

9. Birthplace New Orleans, La. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Representative
11. Industry or business St. Louis Globe-Democrat
FATHER
12. Name Frederick Christiansen
13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Denmark 4
(City, town, or county) (State or foreign country)
16. (a) Informant C. H. Christiansen, Jr.
(b) Address 5679 Waterman Avenue
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar
19. (a) 4-11-48 (Date received local registrar) (b) Carla J. Shaff MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1948 hour 6: minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 13, 1948, to April 9, 1948;
that I last saw him alive on April 9, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to Right hemiplegia	2 mos
Due to Cerebral thrombosis	
Other conditions (Include pregnancy within 3 months of death) 85 lb	

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 Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd. Date signed 4/10/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Lottmann
8231 Clayton
2 - 4 P.M.

APR 30 1940

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. Fenwick

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.