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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18263

Registrar's No. 1343

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Baden (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Halls Ferry Memorial Home 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Baden (If outside city or town limits, write "RURAL") 0

(d) Street No. Halls Ferry Memorial Home (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Emma D. Christmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

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 June (Month) 2 (Day) 1865 (Year)

8. AGE: Years 82 Months 9 Days 24 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

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

MOTHER
14. Maiden name Dorothea Rutloff 4
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant O. J. Christmann

(b) Address 2418 Simms Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 5-28-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1st, 1945, to May 26, 1948 that I last saw her alive on May 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertention

Due to 83a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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 —

23. Signature N. Shaver (M. D. or other)

Address 2739 N. Grand Date signed 5-27-48

(Licensed Embalmer's Statement on Reverse Side)

2739 N. Grand

(2 to 6)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.