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FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No. **100's**

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 weeks**
In this community **50 yrs.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **96**
(c) City or town **Affton**
(If outside city or town limits, write "RURAL")
(d) Street No. **10151 Gravois**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **V Fern Chrisman**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **John**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **May 7 1887**
(Month) (Day) (Year)

8. AGE: Years **61** Months **1** Days **4**
If less than one day hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER
12. Name **Jonathan W Gibbons**
13. Birthplace **Jacksonville Ill**
(City, town, or county) (State or foreign country)
14. Maiden name **Jennie Smith**
15. Birthplace **Jacksonville Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Chrisman**
(b) Address **10151 Gravois**

17. (a) **Burial** (b) Date thereof **6/14/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **J L Ziegenhein & Sons**
(b) Address **7027 Gravois**

19. (a) **JUN 14 1948** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1948** hour **8** minute **0** M.

21. I hereby certify that I attended the deceased from **May 20**
19 **48** to **June 8** 19 **48**
that I last saw him alive on **June 11** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma left lobe & ovary - primary**
Due to

Due to
Other conditions (Include pregnancy within 6 months of death)

Major findings: **Carcinoma left Phil lobe & ovary**
Of operations **inappreciable**
Of autopsy **inappreciable**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Walter F Kelly** (M. D. **Ill**)
Address **9915 Gravois Affton** Date signed **June 14 1948**

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

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 Francis J. Duran

Licensed Embalmer No. 2245

P. O. Address So. Louisiana

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.