

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH4688
State File No. 6385

318

1003

6385

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				d. STREET ADDRESS (If rural, give location) <u>3400 So. Grand</u>			
3. NAME OF DECEASED (Type or Print) <u>Jacob</u>		b. (First) <u>Jacob</u>		c. (Last) <u>CHRISTMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>May 17 1857</u>	
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>4</u> Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTH PLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>John Christman</u>		13b. MOTHER'S MAIDEN NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. James Fennegan 3400 Eads</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Sen. Arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Debility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</u> <u>yes</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>93</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>7/1/49</u> , 19____, to <u>7/21/49</u> 19____, that I last saw the deceased alive on <u>7/18/49</u> , 19____, and that death occurred at <u>4 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. A. Meyers M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>7/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Joseph Howard 1619 So. Grand</u>			

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Jay A. Howard

Licensed Embalmer No. *4139*

P. O. Address *1619 S Grand BL*

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.