

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32506

State File No.

16
9
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3017

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. LENGTH OF STAY (in this place) <u>28 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10151 Gravois Road</u>		d. STREET ADDRESS (If rural, give location) <u>10151 Gravois Road.</u>	
3. NAME OF DECEASED a. (First) <u>John</u> (Type or Print)		b. (Middle) <u>Chrisman</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 8, 1880</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chrisman Realty Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Chrisman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Heiberger</u>	
14. NAME OF HUSBAND OR WIFE <u>V. Fern Gibbons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Minnie Chrisman, 10151 Gravois Rd.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver & Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma (Cardiac)</u> <u>2 years</u> DUE TO (c) <u>Renal Urter and</u> <u>18 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Charged Postate not C.A.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
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) (STATE) <u>- 153X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1949</u> , to <u>Sept 15, 1949</u> , that I last saw the deceased alive on <u>Sept 15, 1949</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter A. Kelly M.D.</u>		23b. ADDRESS <u>10151 Gravois Rd.</u>	
23c. DATE SIGNED <u>Sept 16/49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 17, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BEIDERWIEDEN F. H. INC.</u>		ADDRESS <u>1936 St. Louis Ave.</u>	

No

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.

Signed May L. Wanfel

Signed _____
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.