S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39361

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6976 Registrar's No. 2846

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Manchester
c. LENGTH OF STAY (In this place) 8 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson 4101
d. STREET ADDRESS (If rural, give location) 202 N. Dade Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Walter b. (Middle) D. c. (Last) Chrismer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH July 19, 1872
9. AGE (In years last birthday) 78 — If under 1 year: Months 4, Days 5 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nightwatchman
10b. KIND OF BUSINESS OR INDUSTRY Shoe Machinery
11. BIRTHPLACE (State or foreign country) Warrenton, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME James Chrismer
13b. MOTHER'S MAIDEN NAME Hardenia Archie
14. NAME OF HUSBAND OR WIFE Narma E. Chrismer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Harry W. Chrismer — **ADDRESS** Ferguson, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chr. myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Sen'l arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Nov 24, 1950, *that I last saw the deceased alive on* Nov 21 1950, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. H. Denny (Degree or title) M.D.
23b. ADDRESS Creve Coeur, Mo
23c. DATE SIGNED 11-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/27/50
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
24d. LOCATION (City, town, or county) St. Louis County, (State) Mo.

DATE REC'D BY LOCAL REG. 11/26/50
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Chapel — **ADDRESS** Ferguson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed L. M. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Ferguson, Ky.

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.