No. 300
10.48

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43077

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2956

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Claytons County Hospital

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay

d. STREET ADDRESS (If rural, give location): 3931 Green Park Road

3. NAME OF DECEASED (Type or Print): a. (First) Ed b. (Middle) --- c. (Last) Chrismer

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 19, 1887

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand

10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pac. R.R.

11. BIRTHPLACE (State or foreign country): Forestel, Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: William H. Chrismer

13b. MOTHER'S MAIDEN NAME: Mary Scheppard

14. NAME OF HUSBAND OR WIFE: --------

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.:

17. INFORMANT'S SIGNATURE OR NAME: Charles Chrismer ADDRESS: 3931 Green Pk. Road Lemay Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — 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) Diseases Coronary arteries and valves of heart — 7 yrs

DUE TO (c) arteriosclerosis — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Worked too hard

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* June 7, 1943 *to* July 10, 1950, *that I last saw the deceased alive on* July 10, 1950, *and that death occurred at* 11.30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C H Bresemeyer (Degree or title) M.D.

23b. ADDRESS: 762 Lemay Ferry Rd

23c. DATE SIGNED: 12-7-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 9, 1950

24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Road Lemay, Mo

DATE REC'D BY LOCAL REG.: 12/8/50

REGISTRAR'S SIGNATURE: Herbert R Dombe M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: C. Hoffmeister U.&L.Co. ADDRESS: 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Harry J Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.