

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30375

State File No. \_\_\_\_\_

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2138

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chester Field</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. CHESTER FIELD #740</u>	
c. LENGTH OF STAY (In this place) <u>47 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Clarkson &amp; Kehrsmill Rds. Chesterfield, Mo. R #2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clarkson &amp; Kehrsmill Rds Chesterfield, Mo. R #2.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>--</u> c. (Last) <u>CHRISTMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 3, 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Christman</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Seiler</u>		14. NAME OF HUSBAND OR WIFE <u>man Mathilda Blanner Christ-</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>none</u>		17. INFORMANT'S SIGNATURE AND NAME Mo. ADDRESS <u>Mathilda Christman, Chesterfield</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Hypertension 443X</u>		
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 <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)		
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 Dec 2, 1950, to Aug 11, 1952, that I last saw the deceased alive on Aug 11, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry F. Scott M.D.</u> (Degree or title)		23b. ADDRESS <u>Ballwin Mo.</u>		23c. DATE SIGNED <u>Aug 12, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 14, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-12-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donald M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *Theo. Schradew*

Licensed Embalmer No. *3066*

P. O. Address *Ballum, Mo.*

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.