

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

1 X1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 7 1939

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1210

1. PLACE OF DEATH: 2

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2918 Hammond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

8. (a) PRINT FULL NAME 623 Mary Christensen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female race white 5. Color or _____ 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John J. Christensen 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept 26 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>35</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____
-----------	----------	-----------	----------------------

9. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Brannef

13. Birthplace _____ U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name Dora Aronson

15. Birthplace _____ Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John J. Christensen

(b) Address 2918 Hammond

17. (a) burial (b) Date thereof 7/7/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ChesedShelEmeth

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) JUL - 7 1939 (b) R Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 2918 Hammond
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1939 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cause of death—undetermined

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy (see reverse side)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury !!

23. Signature John O'Connell (M. D. or other) _____

Address Coroner of St. Louis County, Mo. Date signed _____

B.C.

(Licensed Embalmer's Statement on Reverse Side)

Medical history over a period of four years gave symptoms of dyspnoea, psoriasis, an endocrine disturbance (pituitary) and general nervousness; endometritis, etc.

Autopsy revealed no cause for sudden death;

Autopsy findings as follows----

Mild arterio-sclerosis

Mild congestion of the lungs

Fungus-infection of both axilla, breasts and perineum

Mild hemorrhagic gastritis

Hemorrhagic cysts of the left ovary.

Microscopic sections now being made.

John O'Connell, Coroner.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.