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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4863

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1111

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution 1 yr. 4mo. 8 dys (Specify whether

In this community 55 yrs 4 mos 15 dys years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 12 ~~26~~ 9

(d) Street No. 1421 Clinton St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAY (MARY) CHRISTMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Christman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 17, (Day) 1885 (Year)

8. AGE: Years 55 Months 4 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business Housewife

FATHER
12. Name Joseph Bushey
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Josephine Menard
15. Birthplace Unknwon (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Peter Todt

(b) Address 5400 Arsenal St

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park cem

18. (a) Signature of funeral director H. Leidner Fend. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bridech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st year 1941 hour 2.30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1941, 19__, to February 1, 1941; that I last saw her alive on February 1, 1941, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar-Pneumonia 1-28-41

Due to General Arteriosclerosis 1939-x

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy NO

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert Smith (M. D. or other)

Address 5400 Arsenal St. Date signed 2/1/41

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.