

FILED MAR 3 1942

Registration District No.

Primary Registration District No. 3009

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Min.
(Specify whether
In this community 30 min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 1000 Mascoutah Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Switzerland

3. (a) PRINT FULL NAME Catherine Christmann

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife T. J. Christmann 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 19, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 12 hr. min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name August Meinert
13. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Anna Francis
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy P. Christmann
(b) Address Belleville, Illinois

17. (a) Burial (b) Date thereof Feb. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director J. S. Lawrence
(b) Address Cape Girardeau Mo.

19. (a) 2-4-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart attack

Due to _____

Due to _____

Other conditions 95C4
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
Means of injury _____

23. Signature M. Burton Scott Crown
(M. D. or other) (Date signed 2/3/42)
Address Jackson, Mo.

RECEIVED

District Health Officer No. 4
District File Number 242-183
Date Filed 2-10-42

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. 3390

P. O. Address Pepe Brander, Th

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.