DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11910

Registration District No. 784 — Primary Registration District No. 101 — Registrar's No. 839

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 hrs. 57 min. (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 96

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

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

(d) Street No. 145 E. Felton Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Louisa Christrup

3. (b) If veteran, name war ~~unknown~~

3. (c) Social Security No. ~~unknown~~ None

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Albert Christrup

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. (Month) 17 (Day) 1875 (Year)

8. AGE: Years 67 | Months 1 | Days 28 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gregory Maurer
13. Birthplace unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Obrist
15. Birthplace unknown (City, town, or county) 5 Switzerland (State or foreign country)

16. (a) Informant's own signature Albert Christrup

(b) Address 145 E Felton St Louis Co

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Wacker Helderlie & Co

(b) Address 3634 Travois Ave

19. (a) APR 15 1942 (Date received local registrar) (b) E. G. McGuiran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1942 hour 5 minute :55 p. M.

21. I hereby certify that I attended the deceased from 4-13-42, 19..., to 4-14-42, 19...; that I last saw him alive on 4-14-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death circulatory collapse	min?
Due to dehydration, acidosis (Acidosis) + debility	hrs?
Due to lobar pneumonia	4 days
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	yrs.

Major findings: Of operations

Of autopsy lobar pneumonia (rt)

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 Joseph E. Judy (M. D. or other) MD

Address 3634 E. County Hosp Date signed 4/15/42

707 (Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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.....Frank J. Ryland

Licensed Embalmer No.....2645

P. O. Address.....El Sereno

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.