

S. No. 2  
M-1-4-41  
P. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12496  
4220  
Registrar's No.

FILED MAY 19 1942  
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3931A McPHERSON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County ✓  
(c) City or town St Louis 19 000  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3931A McPHERSON 5  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME LUTHER G. CHRISTOPHER  
3. (b) If veteran, name war NONE 3. (c) Social Security No. ✓  
4. Sex MALE 5. Color or race W  
6. (a) Single, widowed, married, divorced SO  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUG 27 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAY day 9th  
year 1942 hour 7 minute P.M.  
21. I hereby certify that I attended the deceased from January 2nd  
1942 19 \_\_\_\_\_ to May 9th 19 42  
that I last saw him alive on May 9th 19 42  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 8 12 hr. min.

Immediate cause of death Acute Dilatation Myocardium Duration 1 Day  
Due to Chronic Myocarditis 1 year  
Due to \_\_\_\_\_

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

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation BARBER  
11. Industry or business ABERDEEN Hotel  
12. Name JOSHUA CHRISTOPHER  
13. Birthplace DO NOT KNOW  
(City, town, or county) (State or foreign country)  
14. Maiden name Messie Goodin  
15. Birthplace DO NOT KNOW  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hugh Christopher  
(b) Address Overland Mo  
17. (a) BURIAL (b) Date thereof 5-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence none  
(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?  
none  
(Specify type of place)

(c) Place: burial or cremation Open Run Mo  
18. (a) Signature of funeral director JOY MANN FUNERAL HOME  
(b) Address 9222 WACKLAND-Overland Mo  
19. (a) MAY 7 1942 (b) J. Z. Brudeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature Scott Newer (M. D. or other) M.D.  
Address 634 N. Grand Blvd Date signed 5-10-42

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

MOTHER FATHER

4220

4220

**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... *Al. C. Ostmann* .....

Licensed Embalmer No... *3478* .....

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, fact should be so stated above.**