No. 2
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CHRISTO PHER

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42075

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2472

1. PLACE OF DEATH
(a) County: St Louis
(b) City or town: ~~St Louis~~ Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 months (Specify whether years, months or days)
In this community 16 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Montgomery
(c) City or town: Wellsville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Chartis Henderson Christopher
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lena
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: November 20, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	0	14	hr. min.

9. Birthplace: Calloway, county, MO (City, town, or county) (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: C.H. Cristopher
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Curtis
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Dessie Wender
(b) Address:
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: December 4, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Wellsville, Mo
18. (a) Signature of funeral director: Howard Rawlins
(b) Address: 4355 Washington St Louis Mo
19. (a) DEC 8 1944 (Date received local registrar) (b) E. G. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1944 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec 1, 1944, to Dec 4, 1944; that I last saw him alive on Dec 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Senility & chronic myocarditis
Due to: generalized arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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: U. J. Mehlen M.D. (M. D. or other)
Address: 3507 Potomac Date signed 12-5-44

(Licensed Embalmer's Statement on Reverse Side)

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

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 Howard Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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

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