

FILED APR 18 1946

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3289

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4770 Milentz Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day April
year 1946 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from
October, 1944 to April 8th, 1946.
that I last saw him alive on April 8th, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage

Duration
3 days

Due to Hypertension & arteriosclerosis

for years

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

Major findings:
Of operations none
Of autopsy as above

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) none
(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) (e) Means of injury
23. Signature John J. Hammons (M. D. or other) M.D.
Address 634 N. Grand Date signed 4-9-46

3. (a) PRINT FULL NAME

Elizabeth Christian

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Female 15. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alois Christian
6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business Henry Meyer

12. Name Henry Meyer

13. Birthplace Germany Schuster
(City, town, or county) (State or foreign country)

14. Maiden name Germany Schuster

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alois Christian

(b) Address 4770 Milentz Ave

17. (a) Burial (b) Date thereof April 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter and Paul

18. (a) Signature of funeral director Ziegenheim Bros.

(b) Address 6409 Gravois Ave

19. (a) APR 9 1946 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

23070530

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 W. Fritz*

Licensed Embalmer No..... *3882*

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.