

V. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED MAY 31 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_ (Specify whether

3. (a) PRINT FULL NAME Ella Christensen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Peter W. Christensen 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 28th., 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Liebich

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

14. Maiden name UNKNOWN

15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madeline Fischer

(b) Address 7284 Winchester Dr.

17. (a) Burial (b) Date thereof 5-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Arthur J. Jonnell

(b) Address 3840 Lindell Blvd.

19. (a) MAY 18 1946 (b) J. D. Bredelet  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9/6

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

(d) Street No. 7284 Winchester Dr. NR  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 46 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 13 to May 17, 1946  
that I last saw her alive on May 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro of Haemorrhage of home

Due to Arterio Sclerosis ?

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature A. H. Dierke (M. D. or other) MD

Address University Club Date signed May 18-46

(Licensed Embalmer's Statement on Reverse Side)

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

17157

17  
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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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**