

S. No. 2
OM-2-43
v. 5-17-39
I X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 30 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24850 /
State File No. 0
Registrar's No. 1531

Registration District No. 317

Primary Registration District No. 3064

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 433 Carson Road.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Josephine Christen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18
year 1946 hour 12 minute 25 P.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Joseph C. Christen
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased April 14 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1946, to July 18, 1946
that I last saw her alive on July 17, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 4
If less than one day hr. _____ min. _____

Immediate cause of death:
Artericular fibrillation from toxic Goiter
Due to _____
Due to 63-8

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George Wesselin 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pfitzenreuter
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Emily Christen
(b) Address Ferguson, Missouri

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 7/20/46
(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 _____
(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?

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) 7-20-46 (b) E. D. McQuinn
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury _____
23. Signature H. A. W. L. Meyer (M. D. or other) D. M. D.
Address 4362 W. Grand Ave Date signed 7-19-46

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

APR 22 1947

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 L. M. White
Licensed Embalmer No. 3973
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.