

S. No. 2  
M-5-43  
v. 5-1739  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24877  
Registrar's No. 1526

Registration District No. 367 Primary Registration District No. 6076

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
96  
23723

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Pine Lawn, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Shamrock Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 months  
(Specify whether  
In this community 31 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 003  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No 6042 McPherson  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nannie S. Christiansen  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 17th  
year 1946 hour 5: minute 28 P. M.

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced M. D  
6. (b) Name of husband or wife Christian H. Christiansen  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased March 3 1870  
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day  
70 4 14 hr. min.

Immediate cause of death Carcinoma of Cervix with extension to rectum - Recto-vaginal fistula  
Due to 486  
Due to \_\_\_\_\_

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

Other conditions Hemiplegia and Arteriosclerosis generalised  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation At Home  
11. Industry or business \_\_\_\_\_  
12. Name David A. Dyer  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Wright  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Christian H. Christiansen  
(b) Address 6042 McPherson Avenue  
17. (a) removal (Burial, cremation, or removal) (b) Date thereof July 20, 1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation City Cem. Troy, Mo.  
18. (a) Signature of funeral director Alexander Jones  
(b) Address 6175 Delmar  
19. (a) 7-19-46 (Date received local registrar) (b) E. M. G. Sarau (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Louis A. Lutzman (M. D. or other) MD  
Address 8231 Clayton Rd Date signed 7/18/46

APR 9 1946

OCT 21 1946

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 *Joe E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *6178 Delmar*

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.