

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11904
Registrar's No. 697

FILED MAR 31 1947

Registration District No. _____ Primary Registration District No. 604463

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

3. (a) PRINT FULL NAME Annie Christmann
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Napoleon Christmann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 12 12 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name John Heitmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Fredericka Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Mooney
(b) Address Fenton, Mo.

17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Pickers Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 3-27-47 (b) Ruth Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. 528 Yarnell Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1947 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 2nd, 1947, to March 26, 1947,
that I last saw him alive on March 25, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration Unknown
Due to Arteriosclerosis 61 Unknown
Due to Senile debility Unknown
Other conditions Diabetes Mellitus Unknown
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury 2
23. Signature Leo W. Reber Jr. (M.D. or other) D.O.
Address Box 91 Fenton, Mo. Date signed 3/26/47

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: *Henry A. Brammer*

Licensed Embalmer No. *4200*

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.