FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

21510

State File No.

Registrar's No. 1568

1. PLACE OF DEATH:
(a) County St Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fontbonne College
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Fontbonne College 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Big Bend + Wydown 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sister St. Paul Christman, C.S.J.
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 1
5. Color or race White
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 13 (Day) 1869 (Year)

8. AGE: Years 79 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Waterloo (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Teacher
11. Industry or business .....

FATHER
12. Name Joseph Christman
13. Birthplace Künzelau, Würtemburg (City, town, or county) (State or foreign country) 8

MOTHER
14. Maiden name Catherine Messler
15. Birthplace Hachen, Prussia (City, town, or county) (State or foreign country) 8

16. (a) Informant Sister M. Berenice, C.S.J.
(b) Address Fontbonne College
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Nazareth Cemetery - Lemay
18. (a) Signature of funeral director Jos A Howard
(b) Address 1619 S Grand BL
19. (a) 6-24-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/23 day ..... year 1948 hour 1 minute 00 A.M.
21. I hereby certify that I attended the deceased from 6/16/46 ....., 19....., to 6/23, 1948 that I last saw her alive on 4/22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 hrs
Due to Generalized Arteriosclerosis	yrs.
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature John V King (M. D. or other) O M D
Address 671 E Big Bend Rd Date signed 6/23/48
Webster Groves, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.