U. S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37973

Registrar's No. 10596

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

LA 3344 1 to 3

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4736 Eichelberger Ave
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4736 Eichelberger Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose Christopher

3. (b) If veteran, name war ******

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward L. Christopher

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 22nd. 1896
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	8	14	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edward L. Christopher
(b) Address 4736 Eichelberger Ave

17. (a) Burial (b) Date thereof 12-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marchs Cemetery

18. (a) Signature of funeral director Zegenheim Bros.
(b) Address 6409 Gravois Ave

19. (a) DEC 7 1948 (b) J B Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th. day December
year 1948 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from 10/7, 1948, to 12/6, 1948;
that I last saw her alive on 12/6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to Diabetes Mell.	Not Known
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Aldonne Schuler M.D.
(M. D. or other)
Address 3515 South Grand Date signed 12/6/48

(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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis, —

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.