

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7282**

BIRTH NO. **FILED FEB 18 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **235**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside of St. Louis, give name of city or town) <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>1 yr</b>	c. CITY OR TOWN <b>Ferguson</b>
d.. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clear View Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>203 Darst Rd.</b>	

3. NAME OF DECEASED (Type or Print) <b>ELIZABETH CHRISTIANSEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1/24/54</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5/7/1864</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Martin Christiansen</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J. B. Wulfkuehler</b> ADDRESS <b>Ferguson, MO</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arterio-sclerosis</b>		
	DUE TO (c) <b>Infirmities of age.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1953** to **Jan. 26, 1954**, that I last saw the deceased alive on **Jan. 24, 1954**, and that death occurred at **4:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dorothy M. Ellersbach M.D.</b>	23b. ADDRESS <b>10695 Bellefontaine Rd.</b>	23c. DATE SIGNED <b>1-25-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/26/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		

DATE REC'D BY LOCAL REG. <b>1/26/54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ... M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WHITE CHAPEL</b> ADDRESS <b>FERGUSON, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 500  
10.48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No. 3403..

P. O. Address Jennings, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.