

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40264

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 515 Rutger St. Ward)

File No.....
 Registered No. 12303

2. FULL NAME

Goldie Christman
 (a) Residence No. 515 Rutger St. 22 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (specify) WIFE OF Frederick Wm Christman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 7 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rock Island Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER Michael Lynch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Bross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

14. INFORMANT Frederick Wm Christman
 (Address) 515 Rutger

15. FILED DEC 28 1925 May 6 Starkeoff
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/26 19 26

17. I HEREBY CERTIFY That I attended deceased from Dec 25, 1926, to Dec 26, 1926 that I last saw her alive on Dec 26, 1926, and that death occurred, on the date stated above, at 5:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
BRONCHO-PNEUMONIA
FOLLOWING ACUTE BRONCHITIS
Non Tubercular
 (duration) - yrs. - mos. 7 ds.

CONTRIBUTORY (SECONDARY) MENINGITIS - (PROBABLY PNEUMOCOCCIC)
 (duration) - yrs. - mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 79A
 IF NOT AT PLACE OF DEATH? 100A
 DID AN OPERATION PRECEDE DEATH? No DATE OF NOVA
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? No
 (Signed) Math E Smith, M. D.

(Address) 1405 S. Broadway
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL 12-29-1926

20. UNDERTAKER Provost Und Co ADDRESS 37104 Island

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

