WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

25819

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5886 Enright St. ..... Ward)

File No. ..... Registered No. 7428

2. FULL NAME Edward G. Christie

(a) Residence. No. 5886 Enright Ave. St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Harnett Christie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/28/1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	9	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Principal

(b) General nature of industry, business, or establishment in which employed (or employer) Hodgen School

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) ~~Penn~~ Md.

PARENTS

10. NAME OF FATHER Edward G. Christie

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

12. MAIDEN NAME OF MOTHER Eliza Harris

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

14. INFORMANT E. J. H. Bennett
(Address) 1449 Pierce Bldg.

15. FILED AUG 18 1927 Max C Starkcoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/17 1927

17. I HEREBY CERTIFY, That I attended deceased from August 17th, 1927, to Aug. 17th 6 P.M. 1927 that I last saw him alive on August 17th, 1927, and that death occurred, on the date stated above, at 6:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C

118C

Chronic Myocarditis

(duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Indigestion

Cause unknown 10 Hours (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Daniel S. Booth, M.D.

, 19 Address John T. Larew M.D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefountaine

DATE OF BURIAL: Aug. 20 1927

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar

Dr Lauw 5895 Gates