

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

Do not use this space.

6183

MAR 26 1928

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Ferguson

Registration District No. 784
Primary Registration District No. 6030
(No. 1320 So. Florissant Ave.)

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Christian B. Bristol

(a) Residence. No. 1320 So. Florissant St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie L Bristol

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/25/1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 10 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) PENN.

10. NAME OF FATHER John Bristol

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

12. MAIDEN NAME OF MOTHER Catherine Witts

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

14. INFORMANT Mr Fred Ewing
(Address) 1320 So. Florissant Ave.

15. FILED 2-13-1928 O. R. Schmitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-31, 1928, to 2-12, 1928 that I last saw him alive on 2-12, 1928, and that death occurred, on the date stated above, at 9:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Arterio-sclerosis
(duration) 13 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 15 yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Geo. H. Burkholder M. D.
2-13-1928 (Address) 334 Barnhida Ave

*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 Valhalla Crematory DATE OF BURIAL 2/15/1928

20. UNDERTAKER W. H. Karcher ADDRESS 6175 Delmar

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.

