

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

Do not use this space.

27351

1. PLACE OF DEATH

46 County St. Louis Registration District No. 1170 File No. _____
 7 Township Central Primary Registration District No. 6298 Registered No. 136
 7 City Richmond Heights 7483 Ethel Ave St. _____ Ward)

2. FULL NAME

Wilhelm Christmann
 (a) Residence, No. 7483 Ethel Ave 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | | |
|--|--|----------------------------------|---|---|--|
| 3. SEX <u>Male</u> | | 4. COLOR OR RACE <u>White</u> | | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dirak Christmann</u> | | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9 - 1859</u> | | | | | |
| 7. AGE YEARS <u>79</u> | | MONTHS <u>11</u> | | DAYS <u>5</u> | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u> | | | | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | | | |
| 10. Date deceased last worked at this occupation (month and year) | | | 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u> | | | | | |
| 13. NAME <u>Wm. Christmann</u> | | | | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | | | | |
| 15. MAIDEN NAME <u>Kristine Radecker</u> | | | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | | | |
| 17. INFORMANT (ADDRESS) <u>Fred Buttenhoff</u> <u>7701 Snowden Ave</u> | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crematory</u> DATE <u>Aug. 16</u> 19 <u>32</u> | | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Louis H. Bopp</u> <u>Rickwood, Mo</u> | | | | | |
| 20. FILED <u>8/15</u> 19 <u>32</u> <u>C. L. Jewson</u> Registrar. | | | | | |

MEDICAL CERTIFICATE OF DEATH

2) **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug 13 - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to July 10 1932
 I last saw him alive on July 4 1932 - Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

| | |
|----------------------------|---------------|
| <u>Carcinoma esophagus</u> | Date of onset |
| <u>46A</u> | |
| <u>47B 46B</u> | |

Other contributory causes of importance:
Generalized metastatic melanoma ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? Shaper Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Julius S. Lewis M. D.
 (Address) 837 Mission Reddy
8/2/32 Edwin Mc

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.

SEP 27 1932

