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.

30727

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 8402

Township ..... Primary Registration District No. ..... Registered No. 8402

City St. Louis. (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME August A. Christ.

(a) Residence, No. 5436 Goethe Avenue St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Christ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26. 1889.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick-layer. 26

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed.

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) St. Louis, Mo., 1

FATHER

13. NAME John Christ.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER

15. MAIDEN NAME Wilhelmina Gemmer.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois. 2

17. INFORMANT (ADDRESS) Amanda Christ 3736 Keokuk Street.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter & Paul Cem. DATE Sept. 20. 1932

19. UNDERTAKER (ADDRESS) J. H. Gebken Ltd. H. Co 2842 Meramec Street.

20. FILED SEP 20 1932 19 Max C. Starkey Registrar. 9/19/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1932

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 15/P m.

The principal cause of death and related causes of importance were as follows:

164 Carbon Monoxide Poisoning due to being overcome by fumes from motor exhaust (Mash coupe) in Carondelet Park

Date of onset

Other contributory causes of importance:

164 Suicide (7)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

~~Accident~~, suicide, ~~or homicide~~? Suicide Date of injury 9/17, 1932

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Overcome by fumes from motor exhaust

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, M.D.

(Address) Dep. Coroner