

REC'D APR 8 1938

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

121.00
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township St. Louis Primary Registration District No. 111 Registered No. 585
(c) City Richmond Heights (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John E. Christie 623
(a) Residence, No. 5058a Wabada Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Florence Christie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Credit Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Hamilton-Brown Shoe Co.
10. Date deceased last worked at this occupation (month and year) To what time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Alexander Christie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER 15. MAIDEN NAME Anna M. Mykins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. Florence Christie
(ADDRESS) 5058a Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Mar. 31, 1938

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED 7-30 1938 J. R. Meyer Registrar. 707 (Address) 1004 Mo. State Bldg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/21/38, 1938, to 3/28/38, 1938.

I last saw him alive on 3/28/38, 1938. Death is said to have occurred on the date stated above, at 9:50 AM.

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

Coronary Inj. & occlusion of coronary artery
430
Date of onset 3/14/38

Other contributory causes of importance: Chronic corditis

Name of operation none Date of ga
What test confirmed diagnosis? Chemical Was there an autopsy? ga

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) James J. Kelly M. D.
(Address) 1004 Mo. State Bldg.

JUN 24 1944

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2663
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Alfred J. Boedeker
Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)