

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28466

Registration District No. 303

Primary Registration District No. 4182

Registrar's No.

1. PLACE OF DEATH

(a) County Gasconade
(b) City or town Hermann
(c) Name of hospital or institution Workman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 10 Hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Elmer Christ

3. (b) If veteran, name war

3. (c) Social Security No. 192-09-6998

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Oct 17 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 8
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Copy Holder

11. Industry or business Printing

12. Name William Christ

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Vallat

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Christ
(b) Address 4925 a. Linderwood, St. Louis

17. (a) Removal 8 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo

18. (a) Signature of funeral director Hugh A. Blum
(b) Address Hermann, Missouri

19. (a) 8-25-40 (b) Anna K. Ricketts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4925 a. Lindenwood Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1940 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug 25, 1940, to Aug 25, 1940, that I last saw him alive on Aug 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

Due to Falling from Truck

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 25-40

(c) Where did injury occur? McClellan mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway
While at work? Yes (Specify type of place) (e) Means of injury

23. Signature Edward H. Blum (M. D. or other)
Address Hermann Mo Date signed 8-25-40

2107
28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Fugate Blum

Licensed Embalmer No.....

3160

P. O. Address.....

Hermann, Missouri

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.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **28466**

Registration District No. **303**

Primary Registration District No. **4182**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Boonville**
(b) City or town **Hermann**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Wm Elmer Christ

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex **m**

5. Color or
race **w**

6. (a) Single, widowed, married,
divorced **s**

6. (b) Name of husband or wife.

6. (c) Age of husband, or wife, if
alive. years

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

21

10

8

hr. min.

9. Birthplace.

(City, town, or county)

(State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name

13. Birthplace.

(City, town, or county)

(State or foreign country)

14. Maiden name.

15. Birthplace.

(City, town, or county)

(State or foreign country)

16. (a) Informant.

(b) Address.

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

DEATH CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **28** -
year. hour. minute. M.

21. I hereby certify that I attended the deceased from

19. to 19.

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Fractured skull

Duration

Due to

Falling from Truck

Due to

Falling from Moving Truck On Side Road

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury.

23. Signature

Address

Howard Workman
Hermann Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—

SUPPLEMENTARY

