

JAN 21 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 330

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 days  
years, months or days

3. (a) PRINT FULL NAME John Ralf Christian  
(b) If veteran name war None  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Anna Christian  
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 24 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 18 hr. min.

9. Birthplace Madisonville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Blacksmith

11. Industry or business Railroad

12. Name William H. Christian

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Ralls

15. Birthplace Ralls Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Christian  
(b) Address East St. Louis 211

17. (a) Removal (b) Date thereof Jan 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem. E. St. Louis

18. (a) Signature of funeral director W. H. Christian  
(b) Address E. St. Louis, Ill.

19. (a) JAN 12 1943 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 135 S 4th St.  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 11  
year 1943 hour 11 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Dec 30 1943, to Jan 11 1943  
that I last saw him alive on Jan 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Heart Disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Old Hemiplegia  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 Silbert H. Wright (M. D. \_\_\_\_\_)  
Address 1755 S. Grand Date signed 1-12-43

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

MOTHER FATHER

1-12-43

FEB 9 1943

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C. E. Kurusoff* .....  
Licensed Embalmer No..... 3162 .....  
P. O. Address.....

**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.**