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.

MAY 29 1931

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

Do not use this space. 19274

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Central — Primary Registration District No. 6248 — Registered No. 137
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME John Christman
(a) Residence, No. 6205 Suburban Ct. Ward. St Louis, Mo
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Christman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1910
7. AGE Years 26 Months 3 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 71
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER
13. NAME Chas. Christman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2

MOTHER
15. MAIDEN NAME Minnie Walters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

17. INFORMANT (ADDRESS) Mrs. Hazel Christman 6205 Suburban Court
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE May 28 1931
19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 7146 Manchester Ave.
20. FILED 5/26 1931 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1931
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 11:45 P. 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:45 P.
The principal cause of death and related causes of importance were as follows:
Struck by automobile while repairing a tire on a public highway, in Kirkwood Mo (Verdict of Manslaughter) 210M
Date of onset
Other contributory causes of importance:
Fractured Skull.
Name of operation ..... Date of .....
What test confirmed diagnosis Physical signs Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/24, 1931
Where did injury occur? Kirkwood, 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 Struck by automobile (Hit & Run)
Nature of injury Fractured Skull.
24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) John [illegible], M. D.
(Address) Coroner St Louis County Mo.