

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28854

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin

(b) Township Meramec

(c) City

(d) Street No.

Registration District No. 295

Primary Registration District No. 5412

Registered No.

(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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

RAYMOND EUGENE CHRISTIAN

(a) Residence, No.

St. Louis, Mo.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1919

7. AGE

YEARS

19

MONTHS

5

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Shoemaker

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Windsor

(STATE OR COUNTRY) Missouri

FATHER

13. NAME

Earl Christian

14. BIRTHPLACE (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Nellie Murdoch

16. BIRTHPLACE (CITY OR TOWN) Missouri

(STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Earl Christian
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

Aug. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Cullinane Bros.
1710 N. Grand, St. Louis, Mo.

20. FILED

Aug. 22

Edgar W. Johnson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 2:30 A.M.

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

Automobile accident
Broken neck and Fractured
Skull.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Coroner. 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 8/22, 1938

Where did injury occur? Highway # 66, 3 miles E.

(Specify city or town, county, and State.)

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

Public Place

Manner of injury Auto Accident

Nature of injury Head-on Collision.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Wm. S. Shaffer, Coroner., M. D.
Sullivan, Missouri

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
..... L. E.
No. 3394 or by
working under my personal supervision.

Signed Edgar W. Laffoon, Registered Apprentice No.
Licensed Embalmer No. 3394

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.)