

FILED *July 16 1951*STANDARD CERTIFICATE OF DEATH
318 1003State File No. **24410**BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. **5954**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. MO		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. MO		2109
d. FULL NAME OF HOSPITAL OR INSTITUTION 4425 Farlan			d. STREET ADDRESS (If rural, give location) 4425 FARLAN AVE.		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD J. CHRISTMAN b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JULY 2, 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 10, 1876	9. AGE (In years) (Month) (Day) 75 2	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) TRUCK MAKER		10b. KIND OF BUSINESS OR INDUSTRY STOVE, CO.	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? 0
13a. FATHER'S NAME JOHN, CHRISTMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE BLANCHE CHRISTMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME BLANCHE CHRISTMAN		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Old age infirmities DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 374X			
22. I hereby certify that I attended the deceased from July 1, 1951 , to July 2, 1951 , that I last saw the deceased alive on July 2, 1951 , and that death occurred at 12 noon , from the causes and on the date stated above.					
23a. SIGNATURE J. A. Schuckler		(Degree or title)	23b. ADDRESS D.C. 425 St. Balvener		23c. DATE SIGNED 7/3/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 5, 1951	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL REG. JUL 3 1951	REGISTRAR'S SIGNATURE J. B. Frazier		25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN Bros		
			ADDRESS 2849 N. EUCLID		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brunkman*
Licensed Embalmer No. *3553*
P. O. Address *St. Louis*

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.