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

Do not use this space.

35288

File No.

Registered No. 10468

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Arnold McCaskill

(a) Residence. No. 1904 Division St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Col	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clothes Packer
(b) General nature of industry, business, or establishment in which employed (or employer) Factory
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Miss.

PARENTS

10. NAME OF FATHER Jack McCaskill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Caroline Ceing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED Jul 22 1927 Marie Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/19, 1927, to 11/20, 1927 that I last saw h. alive on 11/19, 1927, and that death occurred, on the date stated above, at 3.5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1 Pulmonary Tuberculosis
2 A
indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes, neg.
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) L. E. Hamel, M. D.
, 19 (Address) City Hosp. #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. George Cemetery East St. Louis Ill — DATE OF BURIAL 11/23 1927

20. UNDERTAKER Dunn Bros — ADDRESS 215 S. Jefferson ave

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.