

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.

JUN 4 1928

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

Do not use this space.

14527

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

Eleanor Ernestine Arndt

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erich Arndt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 9 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Richard Farm
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Hagemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emma Plachemich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Poscheltown
(STATE OR COUNTRY) Mo

14. INFORMANT Erich Arndt
(Address) Richard Farm Mo

15. FILED 4/26-28 Hy. S. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1928

17. I HEREBY CERTIFY That I attended deceased from March 28, 1928, to April 22, 1928, that I last saw her alive on April 22, 1928, and that death occurred, on the date stated above, at 6 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema
Pneumonia (Lobar)
CONTRIBUTORY (SECONDARY) 1010W
(duration) yrs. mos. da. 12
(duration) yrs. mos. da. 10

18. WHERE WAS DISEASE CONTRACTED Yes

IF NOT AT PLACE OF DEATH Yes DATE OF April 19th/28

DID AN OPERATION PRECEDE DEATH? No WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & symptoms & operation
(Signed) Erich Arndt, M. D.
900 (Address) Richard Farm

*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 Richard Farm bur. DATE OF BURIAL April 25 1928

20. UNDERTAKER W. Hallmeyer & Sons ADDRESS St. Louis, Mo

