

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

Do not use this space.

22325

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **COB**  
City **St Louis Mo** (No. **7512**) **North Broadway** St. .... Ward)

File No. ....  
Registered No. **6511**

**2. FULL NAME**

(a) Residence. No. .... St. **8** Ward. ....  
(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 **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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 2 1928**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<b>2</b>		<b>17</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St Louis**  
(STATE OR COUNTRY) **Mo**

PARENTS

10. NAME OF FATHER **Raymond Arrow**

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

12. MAIDEN NAME OF MOTHER **Idola Constantine**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St Louis Mo**  
(STATE OR COUNTRY)

14. INFORMANT **Raymond Arrow**  
(Address) **7512 N Broadway**

15. FILED **Jan 20 1928** **Mar C Stork**  
19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 19 1928**

17. I HEREBY CERTIFY that I attended deceased from **June 17 1928** to **June 19 1928**  
that I last saw him alive on **June 19 1928**, and that death occurred, on the date stated above, at **9:30 A.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Lobar Pneumonia**

**10/10 10/6**  
(duration) yrs. mos. ds. **3**

CONTRIBUTORY (SECONDARY) **not known**  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... **no** DATE OF .....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Signs**  
(Signed) **H. T. Miller**, M. D.

**6/20 1928** (Address) **730 Baden av**

\*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 **Driedens** DATE OF BURIAL **June 20 1928**

20. UNDERTAKER **Math Hermann & Son 4103 Flour**  
ADDRESS

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.

