

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

Do not use this space.

25429

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

*St. Louis* (No. *5-108 Stalman*)

File No.....

Registered No. **7241**

St.....

Ward.....

**2. FULL NAME**

(a) Residence No. *5-108 Stalman*

(Usual place of abode)

Ward *12*

(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)

*Married*

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

*Laura J. McArthur*

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

*Nov. 1896*

7. AGE

*54*

YEARS

*8*

MONTHS

*4*

DAY

IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Druggist*

(b) General nature of industry, business, or establishment in which employed (or employer)

*Black Office*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Illinois*

10. NAME OF FATHER

*Neal McArthur*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Holland*

12. MAIDEN NAME OF MOTHER

*Ruth Galer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Illinois*

14.

INFORMANT (Address)

*Harriet McArthur  
5108 Stalman*

15.

FILED

*11 1928*

*Nice Stark*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*July 10<sup>th</sup> 1928*

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 1928* to *July 10 1928* and that I last saw him alive on *July 5 1928*, and that death occurred, on the date stated above, at *4:00 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Myocarditis*

*930  
97905*

(duration) *2* yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

*Arterio Sclerosis*

(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.....

(Signed) *W. H. Starnes*, M. D.

July 11, 1928 (Address) *14605 Franklin St. St. Louis*

\*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

DATE OF BURIAL

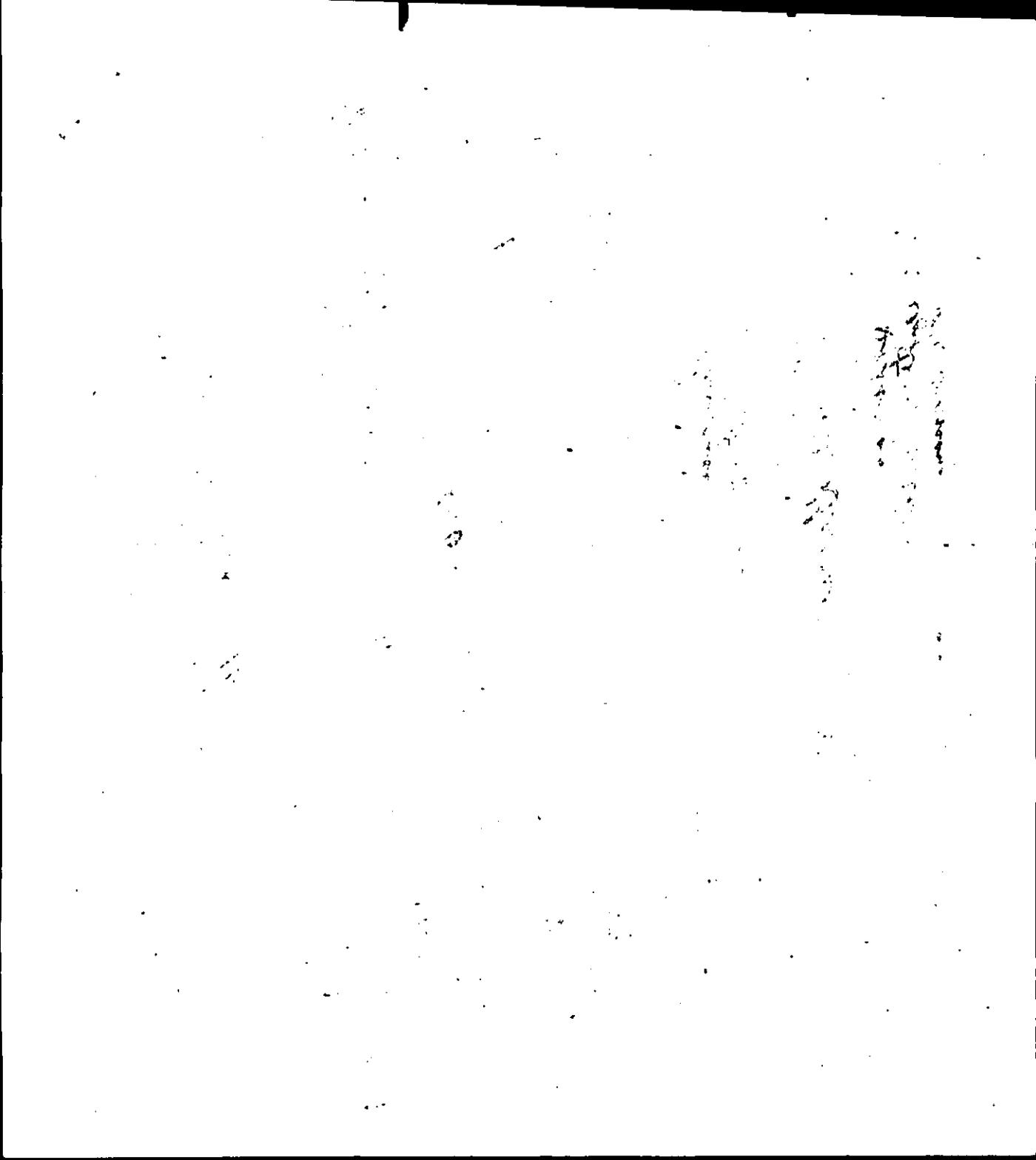
*Walhall Cemetery Jul. 12 1928*

20. UNDERTAKER

ADDRESS

*Shady Funeral Home 4355 Hadley*

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. # 7241  
 City..... (No. .... St. .... Ward) 0

**2. FULL NAME**

*Adam James McArthur*

(a) Residence. No. .... St. .... 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   | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                               |                  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR)   |                  |  |
| 7. AGE   | YEARS            | MONTHS   |
|  |                  | DAYS   |
|  |                  | If LESS than 1 day, hrs. or min.                         |
| 8. OCCUPATION OF DECEASED  |                  |  |
| (a) Trade, profession, or particular kind of work  |                  |  |
| (b) General nature of industry, business, or establishment in which employed (or employer) |                  |  |
| (c) Name of employer   |                  |  |

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

|         |  |
|---------|--|
| PARENTS | 10. NAME OF FATHER   |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) |
|         | 12. MAIDEN NAME OF MOTHER                                  |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) |

14. INFORMANT *Harriette McArthur*  
 (Address) *5108 Waterman*

15. FILED *22* 19 *May C Starkloff*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 10 195*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19.....  
 to ..... 19.....  
 that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed)....., M. D.  
 , 19 (Address)

\*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 | DATE OF BURIAL |
| 20. UNDERTAKER                             | ADDRESS        |

COPY WITH WRAPPING 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-25429