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

Do not use this space.

43314

File No. 12622

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1605 N 18th St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME James Arno

(a) Residence. No. St., 26 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)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	7	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocer
(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) Italy

PARENTS

10. NAME OF FATHER Pasquel Arno

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs John Feehrity
(Address) 43 N 17 Franklin Av

15. FILED SEP 26 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25 1928

17. I HEREBY CERTIFY, That I attended deceased from about 12-17- 1928, to 12-25 1928, that I last saw h alive on 12-25 1928, and that death occurred, on the date stated above, at 5 55 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Coler-Pneumonia

Int. Obl. 10 d

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Neglected Cold

(duration) yrs. Several 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) C. L. Puckett, M. D.

12-25, 1928 (Address) Saint Louis Building

*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
Calvary	12-28 1928
20. UNDERTAKER	**ADDRESS**
Arthur J. Connelly	2039 Park Av

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.

WRITE CLEARLY, WITH INFADING INK—THIS IS A PERMANENT RECORD