

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

Do not use this space. 28
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3339

1. PLACE OF DEATH
 County St. Louis Registration District No. 788 File No. _____
 Township _____ Primary Registration District No. 4471 Registered No. _____
 City Webster Groves (No. Elm Ave & Finnes Railroad St.) (Ward) 17

2. FULL NAME Arthur Wait
 (a) Residence. No. 114 Trevillian St. _____ Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Faeth L Wait

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 | 2 | 6 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Leather goods
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Own Business

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

10. NAME OF FATHER Walter Wait

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

12. MAIDEN NAME OF MOTHER Harriet A. Ordway

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

14. INFORMANT Faeth L Wait
 (Address) 114 Trevillian Ave.

15. FILED 1-23-29 Arthur Hestus REGISTRAR
Fertie Benson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Traumatism
(Railroad accident) struck by Pass train while crossing tracks in automobile (duration) _____ yrs. mos. da.
 CONTRIBUTORY Fractured Skull & Multiple fractures (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH, Elm Ave & Finnes Trks Webster Groves
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____ 202
 (Signed) John O'Connell, M. D.
 (Address) Forward if Orleans County
 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 Robstondale Mass. DATE OF BURIAL Jan 23 19 29

20. UNDERTAKER Parker and Co ADDRESS Webster Groves

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.

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