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

Do not use this space.

8273

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1922

City St. Louis (No. Mo. Baptist Hospital St. Ward)

2. FULL NAME Jeanie Clarice Arnold

(a) Residence. No. Chesterfield, Mo. St., 12 Ward. Chesterfield Mo.
(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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 8, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2		1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Porteigeville, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Cleveland Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cardwell, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen White

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

14. INFORMANT Cleveland Arnold
(Address) Chesterfield, Mo.

15. FILED FEB 10, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Feb 9, 1929, that I last saw her alive on Feb 9, 1929, and that death occurred, on the date stated above, at 1.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
108
110A (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Empyema
(duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1010

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 28. 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation & clinical

(Signed) Joseph Magidson, M.D.

Feb 9, 1929 (Address) 836 University Club Bldg

*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 Wynne Ark. DATE OF BURIAL Feby 10 1929

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

610 Zoo Enamel
University Club Bldg