

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

Do not use this space.

15777

1. PLACE OF DEATH

County St. Francois Registration District No. 773 File No.
 Township St. Francois Primary Registration District No. 6018A Registered No. 69
 City Near Farmington, Mo. St. Ward)

2. FULL NAME Eugene C. Arnold

(a) Residence. No. 2822 Hanley Rd. St. Ward. St. Louis Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 2 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** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Radio Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Joseph Arnold

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

12. MAIDEN NAME OF MOTHER Anna Bockrath

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

14. INFORMANT Hospital Records
 (Address) Farmington, Mo.

15. FILED Apr 30 1929 B. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1929

17. I HEREBY CERTIFY, That I attended deceased from
3 27 1929, to April 29 1929
 that I last saw him alive on April 29, 1929, and that death occurred, on the date stated above, at 3:00 p.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Paresis (General) 83
76 34
 (duration) 0 yrs. 1 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Syphilis
 (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown.
 IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

20. WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Serological
 (Signed) E. T. Hoctor, M. D.

4-29, 1929 (Address) Farmington

*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 St. James No **DATE OF BURIAL** May 2 1929

20. UNDERTAKER Calvary Care **ADDRESS** St. Louis Mo.
Geo. L. Pleitoch

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.

PERMANENT RECORD

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