

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

Do not use this space.

34815

**1. PLACE OF DEATH**

County St. Louis  
Township Portage des Lewis  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 756  
Primary Registration District No. 5997

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

William Arthur

(a) Residence. No. 111 Adams St., St. Louis Ward. 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**

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**

Mary Herbert

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

Mar. 24-1879

**7. AGE**

YEARS

MONTHS

DAYS

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

50

7

6

**8. OCCUPATION OF DECEASED**

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

None

(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)**

St. Louis Mo

**10. NAME OF FATHER**

Wm Arthur

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

Germany

**12. MAIDEN NAME OF MOTHER**

Mrs. Hestley

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

Mrs. Hestley

**14.**

INFORMANT (Address)

Mary Arthur  
111 Adams St

**15.**

FILED

Nov 3 1929 Dr. C. A. Barnard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Oct 30 19 29

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Body, 19 Oct 31, 19 29, and that that I last saw him \_\_\_\_\_ live on \_\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Alcoholism

75 B

**CONTRIBUTORY (SECONDARY)**

66 B

**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) Dr. B. C. Brown, M. D.

Oct 31, 1929 (Address) Rockledge Ave.

\*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**

Val Hestley Cemetery

**DATE OF BURIAL**

Nov 2 19 29

**20. UNDERTAKER**

H. Hallmeyer & Sons Co

**ADDRESS**

St. Louis Mo

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.

