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

Do not use this space.

38320

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 399

City Jefferson Barracks, Mo. — No. U.S. Veterans Hospital, Jefferson Barracks, Mo. — Ward)

2. FULL NAME Arthur P. Dumont.

(a) Residence. No. 51 Chestnut Str. St., Ward.
(Usual place of abode) Webster Groves, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	32	9	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Brandon Motor Co
(c) Name of employer Brandon Motor Co.

9. BIRTHPLACE (CITY OR TOWN) Mascoutah.
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Peter L. Dumont

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mascoutah,
(STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Mary A. Stueckalson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mascoutah,
(STATE OR COUNTRY) Illinois.

14. INFORMANT L.A. Bradbury
(Address) L.A. Bradbury Acting Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Nov. 11, 1929 L. C. Obrod, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from October 30, 1929, to November 8, 1929 that I last saw him alive on November 8, 1929, and that death occurred, on the date stated above, at 11:30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia.

107A 89B 100a (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mastoiditis, right.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination, Clinical Course, Laboratory & X-Ray findings.

(Signed) W. C. Gibson, M.D.
19 (Address) Medical Officer In Charge. U.S. Veterans Hospital, Jefferson Barracks, Mo.

*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: Lakewood Park Cem. — DATE OF BURIAL: 11-11-1929

20. UNDERTAKER: McLaughlin — ADDRESS: 1631 Mo. ave

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.