

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40990

1. PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 791
Primary Registration District No. 1023

File No. _____
Registered No. 11650
St. _____ Ward)

2. FULL NAME

(a) Residence No. _____
(Usual place of abode)

Length of residence in city or town where death occurred

Myrtle A. Arnold
40 N. Delgado Highway
W. B. Keck Hospital
128 Ward.

(If nonresident, give city or town and State)

How long in U.S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21-1884

7. AGE
YEARS 46 MONTHS 2 DAYS 21
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Blank Office
(b) General nature of industry, business, or establishment in which employed (or employer) Thomas Barr
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Canada

10. NAME OF FATHER Geo. Farrell

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

12. MAIDEN NAME OF MOTHER Mary Alys

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

14. INFORMANT H. B. Champ
(Address) 7155 West End Ave

15. FILED 12 15 1930 May E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1930, to Nov 12 1930, that I last saw him alive on Nov 12 1930, and that death occurred, on the date stated above, at 10:30 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho - pneumonia

CONTRIBUTORY (SECONDARY) Job unions Richard Terman
(duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED?
1000
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 3 1930
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Joseph M. Tiggs M. D.
Nov 12 1930 (Address) 433 Madison Bl. St. Louis

*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 Valhalla Cemetery DATE OF BURIAL Nov 13 1930

20. UNDERTAKER Wagoner ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified.

1 OCT 21 1955