

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

Do not use this space.

14660

1. PLACE OF DEATH

County Jefferson
Township Madison
City St. Louis

Registration District No. 421
Primary Registration District No. 3-3-75-

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1930

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

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

13. NAME Otto Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co

15. MAIDEN NAME Mary Marlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeff Co

17. INFORMANT (ADDRESS) Mrs Otto Arnold
St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE 4/23 1931

19. UNDERTAKER (ADDRESS) Linker and Co
St. Louis

20. FILED 4/24 1931 J. E. Rutledge
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/18 1931 to 4/21 1931

I last saw him alive on 4/31 1931. Death is said

to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset March 20 1931

107A

Other contributory causes of importance:

Whooping Cough

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. O. G. Hensley M. D.

(Address) St. Louis

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.

MAY 24 1931

