WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1932

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

Do not use this space.

6027

1. PLACE OF DEATH

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County St. Louis. Registration District No. 1123

Township CARONDELET Primary Registration District No. 6248 B

File No.

Registered No. 44

City Jefferson Barracks, Mo. (No. U.S.V.A. Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME Alexander Arnett

(a) Residence, No. Portland, Ark. St., Ward.
(Usual place of abode) (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	COLORED	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lela Arnett

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
A bt. 40	-- -	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland, Arkansas. 2

FATHER

13. NAME Unavailable. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Unavailable. 31

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director. U.S. Veterans Adm. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE Feb 10 1932

19. UNDERTAKER (ADDRESS) Elmer E. Peters 3030 Bell Ave.

20. FILED 2-9 1932 L. C. Abrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, 19..., to February 6, 1932

I last saw him alive on February 6, 1932. Death is said to have occurred on the date stated above, at 8:15 AM.

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

	Date of onset
Aneurism of descending portion of arch of aorta.	

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Other contributory causes of importance:

Name of operation -- - - - - Date of

What test confirmed diagnosis? Autopsy, Physical & Laboratory findings. Was there an autopsy? Yes.

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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg.

(Address) U.S.V.A. Hospital, Jefferson Brks, Mo.

66263 Kwadrat