

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.

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

Do not use this space.

10821

1. PLACE OF DEATH

County St. Charles  
Township St. Joseph H.  
City St. Charles (No. ....)

Registration District No. 757  
Primary Registration District No. 3036

File No. ....  
Registered No. 49  
St. .... Ward)

2. FULL NAME

(a) Residence, No. St. Peter St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 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) July 3 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min.  
13 8 5 X

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16  
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. Peter Mo

13. NAME Edwin Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

15. MAIDEN NAME Sammelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

17. INFORMANT (ADDRESS) Casimir Arnold 38 Peter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholics Mo DATE 3/11 1923

19. UNDERTAKER (ADDRESS) Ed. G. Galt Mo.

20. FILED 3/9 1923 Hy. S. Bluebaum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1923

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1923, to Mar 8 1923  
I last saw him alive on Mar 8 1923. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia  
Lab. pneumonia  
Other contributory causes of importance: Lab. pneumonia

Name of operation none Date of none  
What test confirmed diagnosis? Lab. test 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) Ben. S. Newkirk M. D. (Address) St. Charles Mo.

