

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

Do not use this space.

11371

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *9mo.*)

Registration District No. *791*
1003
Primary Registration District No. **ISOLATION HOSPITAL**

File No.
Registered No. **2434**
St. Ward)

2. FULL NAME *Arnalia Wilson*

(a) Residence, No. *7929 Pennsylvania* / Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. *?* mos. *?* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 17, 1920</i>		
7. AGE	YEARS <i>12</i>	MONTHS <i>7</i>
	DAY <i>22</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>School</i>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER 13. NAME *Albert Wilson*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER 15. MAIDEN NAME *Nellie Dugan*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *John Joseph Brenner*
ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Legato Mo* DATE *May 14 33*

19. UNDERTAKER (ADDRESS) *Pauline Wick*

20. FILED *13 1933* *W. E. Stanley* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 11 1933*

22. I HEREBY CERTIFY, That I attended deceased from *March 10 1933* to *March 11 1933*

I last saw her alive on *March 11 1933* Death is said to have occurred on the date stated above, at *11:45 a.m.*

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

Scarlet Fever Date of onset *1-28*
87A
1933

Other contributory causes of importance
Diphtheria, Strep. Pyogenes & Myocarditis Eff. *3-4*
Meningitis, Septic *3-6*

Name of operation *None* Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

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? *No* (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 *John Joseph Brenner* M. D.
(Signed) *John Joseph Brenner*
ISOLATION HOSPITAL (Address)

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.

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