

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

Do not use this space.

21043

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 10 Township Central Primary Registration District No. 4470
 5 City University City No. 1319 Waldron

File No. _____
 Registered No. 71
 St. _____ Ward _____

2. FULL NAME

Adelaide M. Van Arx Cedars
 (a) Residence, No. 1319 Waldron St., _____ Ward _____
 (Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Van Arx
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1865
 7. AGE YEARS 67 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 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. Merchant Tailor
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1933
 22. I HEREBY CERTIFY, That I attended deceased from about 5 P.M. 1933 to June 29 1933
 I last saw him alive on June 29 1933 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
Semiplegia about 20 years ago
1350
 Other contributory causes of importance:
Carditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 13. NAME Jacob Van Arx
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Alfred Van Arx
1319 Waldron
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE July 3 1933
 19. UNDERTAKER (ADDRESS) J. H. W. ...
14355 Washington
 20. FILED July 3 1933 W. D. Mueller Registrar

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? _____
 If so, specify _____ (Signed) W. J. Harris M. D.
 (Address) 4030 Grandview

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.

96
10
5
2
9
30

