

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

Do not use this space.

34314

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Webster Groves (No. 341 So Maple)

Registration District No. 788  
Primary Registration District No. 1471

File No. \_\_\_\_\_  
Registered No. 97  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Arthur Hamilton Gale

(a) Residence, No. 341 So Maple Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Webster Groves  
(If nonresident, give city or town and State)

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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 0 28

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Ret Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 97

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

13. NAME Daniel B Gale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

15. MAIDEN NAME Cecil Pottingill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

17. INFORMANT (ADDRESS) Mrs Margaret Hinkle  
341 So Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 10-3-1933

19. UNDERTAKER (ADDRESS) Louis W Bopp Kirkwood

20. FILED 10-2-1933 D. A. W. Westing  
D. Carlson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-17-1933 to Oct. 1-1933

I last saw him alive on Oct 1-1933 Death is said to have occurred on the date stated above, at 7:45 pm

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

Ch. interstitial nephritis; Date of onset  
auricular fibrillation 1932

Other contributory causes of importance: Arteriosclerosis 1930

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? Medical papers 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? \_\_\_\_\_ (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) H. H. Friedrich, M. D.  
(Address) 19 E. Jackson

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.

NOV 10 1933

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