

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. AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No. 3608, N. 25th St)

File No. **26600**
 Registered No. **6770**
 St. _____ Ward _____

2. FULL NAME Barrie Arnsperger

(a) Residence, No. 3608 N. 25th St. St. 20 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rudolph Arnsperger</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1880</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>10</u>	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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).....			
11. Total time (years) spent in this occupation.....				

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

13. NAME Simon Nieksun

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Rudolph Arnsperger 3608 N. 25th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 10, 1934

19. UNDERTAKER (ADDRESS) H. J. Leidner and Co. 1747 S. Market St.

20. FILED 10 1934 J. A. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 7, 1934
 I last saw h. e. alive on July 3rd, 1934 Death is said to have occurred on the date stated above, at 7:45 A. m.

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

Chronic Endocarditis
99%
93%
92%
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) Carl Theo. Vogler, M. D.
 (Address) 4244 N. Harrison av

