

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
OCT 24 1934

Do not use this space.

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 790
Township Central Primary Registration District No. 6033A
City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

File No. 34025
Registered No. 312

2. FULL NAME

(a) Residence, No. 14 Summit Pl St. _____ Ward _____
(Usual place of abode) Webster (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-14-1878</u> | | |
| 7. AGE | YEARS <u>56</u> | MONTHS <u>6</u> |
| | DAYS <u>28</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>Photographer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>59</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>11 1/2</u> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 11AM 9-12-1934, to 12AM 9-12-1934

I last saw him alive on 9-12-1934 Death is said to have occurred on the date stated above, at 1:25 P.M.

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

- Possible cerebral hemorrhage.
- Hyperglycemia & Coma
- Pulmonary edema.
- Hypertension

Date of onset

Other contributory causes of importance:

Name of operation 59 Date of _____
What test confirmed diagnosis? Glucose & fat Was there an autopsy? yes

23. If death was due to external causes (accident), 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.

24. Was disease of injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) P. G. Russ M. D.

(Address) St. Louis Co. Hosp.

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| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>St. Louis</u> <u>Mo</u> |
| 13. NAME | <u>H. A. Arendt</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Marionland</u> |
| 15. MAIDEN NAME | <u>Josephine Pollard</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Mo</u> |
| 17. INFORMANT (ADDRESS) | <u>C. B. Arendt</u> <u>Valley Junction, Iowa</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE | <u>Shimman</u> DATE <u>9/15</u> 19 <u>34</u> |
| 19. UNDERTAKER (ADDRESS) | <u>Robert J. Ambrose</u> <u>66-33 Clayton Rd</u> |
| 20. FILED | <u>Sept 15</u> 19 <u>34</u> <u>H. J. Ambrose</u> Registrar |

