

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

Do not use this space.

MAY 13 1935

14669

1. PLACE OF DEATH

Country..... Registration District No. **1003**
Township..... Primary Registration District No.
City St. Louis (No. St. Anthony Hospital) Registered No. **3505**
St. Ward)

2. FULL NAME

Gertrude Arnold
(a) Residence, No. 2043 Russell St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace S. Arnold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 84
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
51 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Kentucky

13. NAME Frank Logelace

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

15. MAIDEN NAME Jennie Scott

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

17. INFORMANT Horace Arnold
(ADDRESS) 2043 Russell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Wood Park DATE April 19 35

19. UNDERTAKER White May dell
(ADDRESS) 1926 Allen av

20. FILED APR 18 1935 J. Bredek
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1935 to 4-16 1935

I last saw her alive on 4-15 1935. Death is said

to have occurred on the date stated above, at 8 a.m.

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

Carcinoma of Cervix Date of onset 1931

Other contributory causes of importance: 48
Anemia Secondary

Name of operation no op Date of.....

What test confirmed diagnosis? lab 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) J. W. Brennan, M. D.

(Address) 3601 Grover

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