

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**

Do not use this space.

AUG 9 1935

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1003

24736

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. 5347, Alfred Ave)

File No. _____
Registered No. 6168
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5347 Alfred Ave St. 15 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>Mr. P. Winter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1883</u>		
7 ¹ AGE <u>52</u>	YEARS <u>0</u>	MONTHS <u>0</u>
DAYS <u>4</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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Jacob Arndt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Bourke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>George P. Winter 5347 Alfred Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount St. Peter Park</u> DATE <u>7-20</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>McCaughey Mortuaria 1225 So. Michigan</u>		
20. FILED <u>JUL 19 1935</u> <u>J. P. Medek</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1935, to 7/17, 1935.

I last saw him alive on 7/17, 1935. Death is said to have occurred on the date stated above, at 10:27 a.m.

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

Myocardial acute Date of onset 6 mo.

Other contributory causes of importance:

Arteriosclerosis 2 yrs
Neoplasm Chr 2 1/2
Flu pneumonia acute 3 weeks
no better information

Name of operation _____ Date of _____
What test confirmed diagnosis? tests 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. S. Burroughs, M. D.
(Address) 475 S. Michigan

Surrey