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.

APR 11 1936

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

Do not use this space.

791

12576

1003

2609

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME John R. Von Arb

(a) Residence, No. 3965 Botanical St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (~~OR WIFE~~ OF Lina Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~76~~ 79	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Salesman

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Leon Von Ark

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

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Mary Rouwt
(ADDRESS) Carrollton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton, Mo. DATE March 10 1936

19. UNDERTAKER Thos J Finan
(ADDRESS) 1519 South Grand

20. FILED MAR - 9 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26th 1936 to Mar. 8th 1936

I last saw him alive on Mar. 7th 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

	Date of onset
Arterio-Sclerosis	Feb. 26th 1936.

Other contributory causes of importance

Name of operation — Date of

What test confirmed diagnosis? — 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) J. W. Pruett, M. D.

(Address) 4420 Wilmington Ave.