OCT 2 1936

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

Do not use this space.

791

35741

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9362

City St. Louis, Missouri (No. ....., City Hospital No.1 St. ..... Ward)

B. 8509 2. FULL NAME Peter Arus

(a) Residence, No. 5925 Thekla St., 7 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: male
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 Annie Arus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 30, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	58	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Hungary

FATHER

13. NAME Ghio Arus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER

15. MAIDEN NAME Mary (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Hosp. Info. MH. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 9/12/36, 19

19. UNDERTAKER (ADDRESS) Bensiek-Niehaus 1132 N 6th St.

20. FILED SEP 11 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/3/36, 19, to 9/10/36, 19

I last saw him alive on 9/10/36, 19 Death is said to have occurred on the date stated above, at 12.25 a

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

Lung Abscess (Etiology? (Tuberculous)
Syphilitic Heart Disease
Unknown as to Tuberculosis

Other contributory causes of importance:
Pleural Effusion J.H.

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) Roy Greenbaum, M. D.

(Address) City Hospital No.1

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.

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