

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

Do not use this space.

NOV 4 1936

791

36294

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis, Mo. (No. CITY HOSPITAL NO. 2) St. .... Ward)

**2. FULL NAME** Arthur Irving  
 (a) Residence, No. 2214 Eugenia St., 22 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |  |   |  |
|---|--|--|---|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>Negro</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                |  |  |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1935</u>                                |  |  |   |  |
| 7. AGE  | YEARS  | MONTHS   | DAYS  | If LESS than 1 day, ..... hrs. or ..... min. |
|   | <u>1</u>   | <u>1</u>   | <u>11</u>   |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... |  |   |  |
|   | 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>Russel Irving</u>  |  |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>                                  |  |   |  |
| MOTHER  | 15. MAIDEN NAME <u>Bertha Ammonda</u>  |  |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>                                     |  |   |  |
| 17. INFORMANT (ADDRESS) <u>Arthur Mays Shepard</u><br><u>2945 Lawton Ave.</u>               |  |  |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>GREENWOOD</u> DATE <u>Oct 3rd</u> , 19 <u>36</u> |  |  |   |  |
| 19. UNDERTAKER (ADDRESS) <u>A. L. BEAL UNDCO</u><br><u>2736 LUCAS</u>                       |  |  |   |  |
| 20. FILED <u>2 1936</u> , <u>J. Brebeck</u> Registrar.                                      |  |  |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-28-, 1936, to 9-30-, 1936  
 I last saw h. in alive on 9-30-, 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:

SPASMODIC BRONCHITIS Date of onset 9-28-36

ACUTE LARYNGITIS non Diphtheritis

Other contributory causes of importance:  
ACUTE LARYNGITIS non Diphtheritis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical 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?.....  
 If so, specify.....  
 (Signed) A. L. Lewis, M. D.  
 (Address) 2945 Lawton Ave.

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.

