

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.

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 970. Baptist Hosp.)

Registration District No. 791
1003

File No. 8498
Registered No. 1953
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2528² W. Palm 20 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 1

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 1

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

13. NAME Frank J. Arnes

14. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

15. MAIDEN NAME Jean M^{rs} Kenzie

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

17. INFORMANT Mr. Baptist Hosp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller's DATE Feb 15 1937

19. UNDERTAKER Thy. Reimer R. Co. (ADDRESS) 1417 W. Market St.

20. FILED 15 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1937 to Feb 14 1937.

I last saw him alive on Feb 14 1937 Death is said to have occurred on the date stated above, at 10 P. m.

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

Premature
159
Date of onset _____

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) Edo Kilker M. D.
(Address) 3121 N Grand Blvd

