

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis
Township Meramec
City (No.)

Registration District No. 787
Primary Registration District No. 6032

File No. 13367
Registered No.
St. Ward)

2. FULL NAME

Louis C. Arft
(a) Residence, No. Manchester Mo St., Manchester Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 Margaret Arft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1908

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>28</u>	<u>7</u>	<u>3</u>		

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maintenance

10. Date deceased last worked at this occupation (month and year) Feb 12-1937 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Mo.

MOTHER FATHER

13. NAME Henry Arft

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

15. MAIDEN NAME Clara Wirth

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

17. INFORMANT (ADDRESS) Henry Arft, Manchester, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walther, Mo. Feb. 15, 37

19. UNDERTAKER (ADDRESS) Schradler Funeral Home, Hannibal, Mo.

20. FILED Feb 13, 1937 Amssiecke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10:45 A.M.

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

Automobile-truck accident struck by a motor-truck while working on a public highway 2 10 AM
Date of onset 2/12/37

Other contributory causes of importance: Fractured Skull 2/12/37

Name of operation None Date of

What test confirmed diagnosis? Physician's Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/12, 1937

Where did injury occur? Hollow Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. PUBLIC PLACES

Manner of injury Struck by auto-truck

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O'Connell, M. D.

(Address) Corner St. Louis Family, Mo.

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.

