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

Do not use this space.

25392

AUG - 5 1937

1. PLACE OF DEATH

County

Township

City Stlouis Mo (No. Mo Baptist Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. 6566

Registered No.

2. FULL NAME Maurice Arvan

(a) Residence, No. ~~Catawissa~~ St., NR Ward. CATAWISSA Mo (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 Dora Arvan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61		--	10	

OCCUPATION

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

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) July 7 1937

11. Total time (years) spent in this occupation ?

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

FATHER

13. NAME M Arvan

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Irene Arvan St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catawissa Mo DATE 7-9 1937

19. UNDERTAKER (ADDRESS) Scheve Catawissa Mo

20. FILED JUL 8 1937 J L Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937, to July 7 1937

I last saw him alive on July 6 1937. Death is said to have occurred on the date stated above, at 8 a m.

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

Gall bladder disease
Ruptured gall Bladder
Cause Unknown
Unknown as to stones

Date of onset

Other contributory causes of importance:

127

Name of operation none Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) [signature], M. D.

(Address) St Louis 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.

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