

JAN 10 1938

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

43367
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 7919
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. en route to City Hospital Registered No. 11617
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ROBERT HENRY A MO.
(a) Residence, No. 2826A @ 9th St St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butler

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

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

FATHER 13. NAME Albert Arno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Sadie Allen

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

17. INFORMANT (ADDRESS) Mrs. Wilma Arno
2826A @ 9th St

18. BURIAL, CREMATION, OR REMOVAL PLACE REA BUDILL DATE 12-20 1937

19. FUNERAL DIRECTOR (ADDRESS) Muller Bros
4126 1/2 Lindbergh
St. Louis

20. FILED DEC 13 1937 19 St. Predeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 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 10:30 P.M.

The principal cause of death and related causes of importance were as follows:
Fractured nose, subdural haemorrhage of brain, suffered when struck with hand or fist of one, Alphonse Brennan about 10:23 P.M., December 17th, 1937, in front of about 3743 Pennsylvania Avenue.
Excusable Homicide.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide date of injury 12/17, 1937
Where did injury occur? St. Louis, Mo.
(Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Joseph M. Decker M.D.
(Address) Deputy Coroner

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.

380

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Wm Rogers
Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)