

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

8826  
 Do not use this space.

REC'D APR 1 1938

1. PLACE OF DEATH *2* County *1* Registration District No. *791*  
 (a) County *St. Louis Mo.* (b) Township *1* Primary Registration District No. *1003*  
 (c) City *St. Louis Mo.* (d) Street No. *3730 Grand St.* Registered No. *2415*  
 (e) Length of residence in city or town where death occurred *5* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Arlene Rae 000*  
 (a) Residence, No. *3730 Grand St.* St. *19*  
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Harry Rae*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 29 1870*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*67 2 10*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *White Hall Illinois*

FATHER 13. NAME *Squire P. Keamer*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

MOTHER 15. MAIDEN NAME *Pearl Channey*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Arlene W. Keamer 421 N. 59th St. E. St. Louis Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt Hope E. St. Louis Mo.* DATE *3-12 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Mullen Bros 4259 Lindell Blvd.*

20. FILED *J. D. ...*

**NON-PROTESTANT CERTIFICATE OF ATTENDANCE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/10/38* 19*38*  
 22. I HEREBY CERTIFY, That I attended deceased from *1938*, to *1938*.  
 I last saw him alive on *3/10/38*. Death is said to have occurred on the date stated above, at *10:30 A.M.*  
 The principal cause of death and related causes of importance were as follows:

*Ruptured varices of oesophagus & stomach.*  
 Other contributory causes of importance:  
*Chronic Adhesive Pericarditis*  
*Chronic Diffuse Nephritis.*

Name of operation *1938* Date of *3/10/38*  
 What test confirmed diagnosis? *1938* Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *1938* Date of injury *1938*  
 Where did injury occur? *1938* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury *1938*  
 Nature of injury *4*

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

MAR 11 1938

WRITE PLAINLY, WITH OVOIDING IMPROPER TERMS. 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.

STATEMENT BY LICENSED EMBALMER

I, Thos R. Lemvik, Licensed Embalmer No. 3793

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 Thos R. Lemvik

Licensed Embalmer No. 3793

**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.)**