

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.

REC'D APR 11 1938

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

9455
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** Registered No. **3044**
(e) Length of residence in city or town where death occurred **17** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John De Arman
(a) Residence, No. **2308 So. 12th St.** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Della Masters DeArman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 23, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
10. Date deceased last worked at this occupation (month and year) **May 1936** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Indiana**

FATHER 13. NAME **John DeArman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Indiana**

MOTHER 15. MAIDEN NAME **Elizabeth Coag**

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

17. INFORMANT (ADDRESS) **Ray Rainey, M.D. 1041 Shennandoah St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dexter, Missouri** DATE **April 1, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc., 429 N. D. Meloid Ave.**

20. FILED **MAR 30 1938** *J. B. Buehler*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-29-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37**, 19, to **3-29-38**, 19. I last saw him alive on **3-29-38**, 19. Death is said to have occurred on the date stated above, at **5:50 P.M.**

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

Arteriosclerotic Heart Disease with decompensation Broncho-pneumonia (Date of onset **2**)
Arteriosclerosis, generalized

Other contributory causes of importance: **Arteriosclerosis, generalized**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

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.

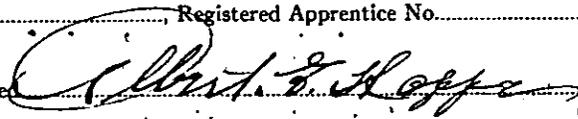
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) **J. Mueller**, M. D. (Address) **5400 Arsenal St**

STATEMENT BY LICENSED EMBALMER

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

Signed



Licensed Embalmer No. 2971

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.)