

NOV 16 1938

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

33878
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. George Washington Registered No. 8864
(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 Edgar Arbuckle

(a) Residence, No. 11 Vandeventer Place St. II
(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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/2/1886
7. AGE YEARS 52 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
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) Woods Station, Ill. (STATE OR COUNTRY) Ill.

FATHER 13. NAME John Arbuckle
14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Phoebe Barton
16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.

17. INFORMANT Violet Bradshaw (ADDRESS) Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Ill. DATE 10/12/1938

19. FUNERAL DIRECTOR (NAME) A. Russell Und. Co. (ADDRESS) 2732 Pine Blvd.

20. FILED OCT 11 1938 J. F. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1938 to Oct 10 1938.
I last saw him alive on Oct 10 1938. 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:

Date of onset Oct 9
Coma
Dehydration
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Perforation Was there an autopsy? Yes

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. F. Bredich M. D.
(Address) 1005 N. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Joel Russell

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Joel Russell

Licensed Embalmer No. *21151*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.