

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.

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

221
 Do not use this space.

791
 1003

221

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City St. Louis, Mo. (d) Street No. Homer G. Phillipa Hospital. Registered No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 Ed B. Arms.

(a) Residence, No. 2017 Olive, Street, St. 27 (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 Coloed 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11th 1881.

7. AGE YEARS 57 MONTHS xxx DAYS 23 If LESS than 1 day, hrs. or min.

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.

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

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

FATHER 13. NAME Westley Arms.

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ironton, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lidia Arms,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ironton, (STATE OR COUNTRY) Mo.

17. INFORMANT Elzona Johnson, (ADDRESS) 1504 B South, 3rd, St.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks, Mo. DATE 1/7/39.

19. FUNERAL DIRECTOR Houston's Fun Home. (ADDRESS) 2812 Thomas, St.

20. FULL TIME JAN 6 1939 J. D. Bricker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd, 19 39

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, 8:20 P.M.

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

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

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..... see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Alfred J. Perry, M.D.

(Address) 4 Alfred J. Perry, M.D.

