

DEC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

894

Do not use this space.

1. PLACE OF DEATH

- (a) County 1 Registration District No.
- (b) Township Primary Registration District No. Registered No. 894
- (c) City St. Louis (d) Street No. Enroute City Hospital #1 St.
(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 1 yrs. 0 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Wayne Warren Arnold

- (a) Residence, No. 1804 A South 13th Street St. 25 (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 Husband of Edith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 January 27, 1890

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

48 7 21

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Orsall Bray

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

MOTHER 15. MAIDEN NAME Grace Woods

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

17. INFORMANT Edith Arnold
(ADDRESS) 1804 A South 13th Street

18. BURIAL, CREMATION, OR REMOVAL III
PLACE Bloomington DATE 1/31

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED JAN 29, 1939
J. F. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939

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 8 PM.

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

Date of onset

Pulmonary Tuberculosis

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
Nature of injury

24. Was disease of injury in any way related to occupation of deceased? No
If so, specify

(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

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, or by.....

L. O. Cooper

....., Registered Apprentice No.

working under my personal supervision.

Signed *L. O. Cooper*

Licensed Embalmer No. *2623*

P. O. Address *2317 Lafayette*

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.