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 MAR 13 1939

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

4382
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 1075
(c) City ST. LOUIS (d) Street No. 5400 ST. LOUIS AVE. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 263 EDWIN B. MACARTHY
(a) Residence, No. 5400 ST. LOUIS AVE. St. 6
(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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EMMA MACARTHY.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 5 - 1880
7. AGE: YEARS 58 MONTHS 3 DAYS 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: TAVERN OWNER
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): ST. LOUIS, MO. 0

FATHER
13. NAME: WM. H. MACARTHY 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SCOTLAND 5

MOTHER
15. MAIDEN NAME: JOSEPHINE HICKEY.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IRELAND

17. INFORMANT (ADDRESS): Emma Macarthy 5400 St. Louis Ave
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: CALVARY CEMETERY DATE: Feb. 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. M. Schumacher 4834 Natural Bridge
20. FILED ..... 19 ..... J. B. Burdick Local Registrar.

FEB 2 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 1, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934, to Feb. 1, 1939
I last saw him alive on Jan. 31, 1939. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver
anasarca

Date of onset

Other contributory causes of importance:
Bronchial asthma
myocarditis
cellulitis both legs

Name of operation: none Date of: none
What test confirmed diagnosis? clinical 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) Henry E. Rosenberg, M. D.
(Address) 4503 Page St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

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

Signed John Kittler

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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