

MAR 13 1939

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

4842  
Do not use this space.

## 1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. **791**  
(b) Township \_\_\_\_\_ Primary Registration District No. **1003** Registered No. **1535**  
(c) City **ST LOUIS** (d) Street No. **DEACONESS HOSPITAL** 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 **LOUIS ARVIN HIGGINS**

(a) Residence, No. **213 CORNELIA AVE** St. **MR GLENDALE MO.**  
(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 **LAURETTA J. HIGGINS**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT-15-1883**  
7. AGE YEARS **55** MONTHS **5** DAYS **10** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **PURCHASING AGENT-AD. CHILD MERCANTILE CO.**  
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) **1927** 11. Total time (years) spent in this occupation **17 yrs**

12. BIRTHPLACE (CITY OR TOWN) **HOUSTON**  
(STATE OR COUNTRY) **TEXAS Co. MISSOURI**

FATHER 13. NAME **HORACE HIGGINS** 1  
14. BIRTHPLACE (CITY OR TOWN) **ILLINOIS** 1  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **VICTORIA LANIER**  
16. BIRTHPLACE (CITY OR TOWN) **WATERLOO**  
(STATE OR COUNTRY) **ILLINOIS**

17. INFORMANT **Mrs Lauretta Higgins**  
(ADDRESS) **213 CORNELIA AVE GLENDALE MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **OAK HILL CEM** DATE **FEB. 18 1939**

19. FUNERAL DIRECTOR **Burien and Co**  
(ADDRESS) **WEBSTER GROVES MO.**

20. FILED **FEB 16 1939** **J F Brudick**  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 15 1939**  
22. I HEREBY CERTIFY, That I attended deceased from **Feb 10 1939** to **Feb 15 1939**  
I last saw him alive on **Feb 15 1939**. Death is said to have occurred on the date stated above, at **2:30 p.m.**

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

**Cancer Stomach** Date of onset  
**chronic nephritis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **X-Ray** 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? **No**  
If so, specify \_\_\_\_\_ (Signed) **J W Hurdick** M. D.  
(Address) **4500 Olive**

**STATEMENT BY LICENSED EMBALMER**

I, l. l. Aldrich, 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. 1332

working under my personal supervision.

Signed l. l. Aldrich

Licensed Embalmer No. 1332

**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.)**