S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4500

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1330

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: FILED MAR 12 1940 3

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En Route City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo (b) County

(c) City or town St. Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 3118 Easton (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 14 Arthur Replogle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Abt	72			hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Unknown 9

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Meldrum Forest P.D.

(b) Address 4420 Marcus

17. (a) Kirksville College of Osteopathy (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville College

18. (a) Signature of funeral director Osteopathical Board

(b) Address

19. (a) FEB 9 1940 (Date received local registrar) (b) J. H. Beddick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 23 year 1940 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	
Due to	
Due to Apoplexy	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Tuesen (M. D. or other)

Address Deputy Coroner Date signed

(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~~ Raymond E. Gehrke, Registered Apprentice No. ——, working under my personal supervision.

City license #180 Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St. Louis, Mo

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.