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OCT 10 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1847

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility **3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 9/23/40.  
(Specify whether)

In this community -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County -

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 Compton Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Sidney J. Arrington

3. (b) If veteran, name war World War

3. (c) Social Security No. SS 498-05-2757 Yes Yes No Not remember

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th  
year 1940 hour 6:00 minute p. M.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July 4 1896  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 23, 1940 to Sept. 27, 1940  
that I last saw him alive on Sept. 27, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>23</u>	hr. min.

Immediate cause of death Arteriosclerosis, generalized, with severe cerebral, kidney and coronary involvement. **Unkn.**

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

10. Usual occupation Unavailable

11. Industry or business -

Due to -

Other conditions None  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Jeff Arrington

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Pierce

15. Birthplace SHAW Mississippi  
(City, town, or county) (State or foreign country)

Major findings: Of operations No operation.

Of autopsy No autopsy.

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

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, WAF, Jeff. Bk., Mo.

17. (a) BURIAL (b) Date thereof 10 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks, Mo.

18. (a) Signature of funeral director C. W. Hughes

(b) Address 1003 N Harrison Ave

19. (a) OCT - 7 1940 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) NO

(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? -

While at work? - (Specify type of place) (e) Means of injury -

Signature C. W. HUGHES, M.D. (M. D. or other) 1

Address Chief Medical Officer Date signed 9/28/40

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

**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.....

*William C. McDowell*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William C. McDowell*

Licensed Embalmer No.....

*214*

P. O. Address.....

**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, fact should be so stated above.**