S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1940

791

Registration District No. _____ Primary Registration District No. 1003

State File No. 33997 8691

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 2105 A. E. Grand. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 2105 A. E. Grand 6
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur C. Link

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Abbigail Link

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec. (Month) 26 (Day) 1863 (Year)

8. AGE: Years 76 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Jewelry 0

11. Industry or business 9

FATHER
12. Name Julius Link 1
13. Birthplace DONT KNOW. (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Clarence Link
(b) Address 2105 A. E.Grand.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand

19. (a) OCT 22 1940 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1940 hour 10:00 P.M. minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept. 26, 1940, to Oct. 20, 1940; that I last saw him alive on Oct. 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	6 mos
Due to	
Due to	
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 Dolan Cameron (M. D. or other)
Address 508 N Grand Blvd Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

Solon Cameron.
Mt. Bld.
1-3.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

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.