

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

364690 ✓

Registration District No. 784 Primary Registration District No. 200 State File No. \_\_\_\_\_ Registrar's No. 1440

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 9/15/40.  
(Specify whether \_\_\_\_\_)  
In this community unknown.  
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. 4601 So. Broadway.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Arthur Bell  
3. (b) If veteran, name war World War 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 19th  
year 1940 hour 10:45 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 15, 1940, to October 19th 1940  
that I last saw him alive on October 19th 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
45 2 19 hr. \_\_\_\_\_ min.

Immediate cause of death Malignancy, liver, ribs, mesenteric and subcutaneous lymph nodes, origin and type undetermined. Duration Unknown  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Autopsy performed. See cause of death.

10. Usual occupation Druggist  
11. Industry or business \_\_\_\_\_  
MOTHER { 12. Name Unavailable  
13. Birthplace Unavailable  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Chie Blongy  
(b) Address Actg. Cl. Clerk, VAF, Jeff. Bks., Mo.  
17. (a) BURIAL (b) Date thereof 10-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation NATIONAL C.E.M.  
18. (a) Signature of funeral director E. Hoffmeister  
(b) Address 7814 S BROADWAY  
19. (a) OCT 21 1940 (b) K. Meyer  
(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?  
767 While at work? Curt Hughes (Specify type of place) (Specify nature of injury)  
23. Signature C. H. HUGHES, M.D. (M. D. or other) 4  
Address Chief Medical Officer Date signed 10/19/40

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

*L. Wolfmeier*

Licensed Embalmer No. *3881*

P. O. Address *7814 S. Broadway*

**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.**