

S. No. 2
1-4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3600B**

Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **2147**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. L. Co. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 22 Patricia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME William P. McArthur

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

20. DATE OF DEATH: Month 10 day 21 year 1941 hour 12 minute 35 A. M.

4. Sex M 5. Color or race W

21. I hereby certify that I attended the deceased from 10-20-41 to 10-21-41 19____; that I last saw him alive on 10-21-41 19____ and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emma McArthur

Immediate cause of death:
Pneumonia
Acute pancreatitis

7. Birth date of deceased Jan. 23, 1894
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions 178
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

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

Major findings:
Of operations _____
Of autopsy Pneumonia
Pancreatitis

10. Usual occupation Commercial Artist

11. Industry or business _____

12. Name Paul McArthur

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

14. Maiden name Catherine Weullee

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

16. (a) Informant Emma McArthur

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 10-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 22 1941 (b) C. E. McArthur
(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) _____
(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 _____

23. Signature P. Barton (M. D. or other) _____
Address Co Hosp. Date signed 10-21-41

Duration
6-7 days
3-4 days

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

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.....

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.