

FILED MAY 7 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County SAINT LOUIS;

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

(c) Name of hospital or institution: BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 WEEKS (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County \_\_\_\_\_

(c) City or town SAINT LOUIS; 12 000  
(If outside city or town limits, write "RURAL")

(d) Street No. 220 NO: KINGSHIGHWAY BLVD. 9  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur Slater Biggerstaff

3. (b) If veteran, name war unknown.

3. (c) Social Security No. 488-05-8240

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1942 hour 11 minute 00 a.m.

4. Sex MALE (X) 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 NOVEMBER 17 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4-42, 19, to April 28, 1942  
that I last saw him alive on April 28, 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	5	11	hr. min.

Immediate cause of death: Anemia 1 wk

Due to: Carcinoma of prostate ? years

9. Birthplace EDINA MISSOURI;  
(City, town, or county) (State or foreign country)

Due to: \_\_\_\_\_

Other conditions: (include pregnancy within 3 months of death) 51c

10. Usual occupation SALESMAN

11. Industry or business BROWN SHOE COMPANY;

Major findings: Of operations 51c

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name ARTHUR SINCLAIR BIGGERSTAFF

13. Birthplace ZANESVILLE OHIO;  
(City, town, or county) (State or foreign country)

14. Maiden name EMMA JANE SLATER

15. Birthplace \_\_\_\_\_ OHIO;  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant MRS MASON C. JONES

(b) Address MEMPHIS, TENN.

17. (a) REMOVAL (b) Date thereof 4/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMPHIS, TENNESSEE.

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature J.P. Madley (M. D. \_\_\_\_\_)

Address BARNES HOSPITAL Date signed 4-28

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) ADD 20 1282 J. J. Bredt (Date received local registrar) (Registrar's signature)

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**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 Clarence H. Murray  
Licensed Embalmer No. 4011  
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, fact should be so stated above.**