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Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 256

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 922
(If outside city or town limits, write "RURAL")

(d) Street No. 1704^r Chouteau
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ruby Ardell Arnicar

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from December
29, 1943, to January 9, 1944
that I last saw her alive on January 9, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: 1 (Month) 10 (Day) 1911 (Year)

Immediate cause of death Pulmonary tuberculosis Duration _____

Due to 13

Due to _____

Other conditions Tuberculous laryngitis
(Include pregnancy within 3 months of death)

8. AGE: Years 32 Months 11 Days 29 If less than one day hr. _____ min. _____

PHYSICIAN _____

Major findings: Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

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

10. Usual occupation House-wife

11. Industry or business HT Home

MOTHER, FATHER { 12. Name Samuel Durham

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

14. Maiden name Unknown

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Adolph Arnicar

(b) Address 1704^r Chouteau

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/12/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JAN 10 1944 (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) (Means of injury)

23. Signature Wesley Mad... (Date or other) 1/10/44

Address 1515 Lafayette Avenue

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *L.R. Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.