

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22802

State File No.

FILED JUL 21 1944 318

Primary Registration District No. 1003

Registrar's No. 6258

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Dec. 16, 1943
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3961 Westminster Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANN MASSEY ARBUCKLE
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife James Arbuckle 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased 12 16 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Andrew Massey
13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Utz
15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W R Gilbert
(b) Address 5727 E. Wright
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUL 14 1944 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 13th day July
year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943, to July 13, 1944
that I last saw her alive on 7/13/44
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia 48 hrs

Due to arteriosclerotic cardiovascular disease 2 yrs

Due to Chronic bronchitis 2 yrs
(Include pregnancy within 3 months of death)

Other conditions 93
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 Sister, J. J. Brudeck M.D.
Address 462 N. Taylor Ave Date signed 7/14/44

Dr. J. H. Taylor

462 N. Taylor St.

FR. 4711

Hines

GR. 6080

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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.....

Jos. E. McCulloch

Licensed Embalmer No.....

61508

P. O. Address.....

10 South St.

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.