

S. No. 2  
 24-8-43  
 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22805**  
**6818**  
 Registrar's No.

**FILED AUG 14 1944**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Homer Phillips Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 mo. 16 days**  
**40 years** (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **Jake Arthur**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Local** 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 **March 12 - 1911**  
 (Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **18** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Frankford** (City, town, or county) **KY** (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

12. Name **Jake Arthur**

13. Birthplace **Buckingham Court, W-Va** (City, town, or county) (State or foreign country)

14. Maiden name **Martha Harokins**

15. Birthplace **Marion Court, K.Y.** (City, town, or county) (State or foreign country)

16. (x) Informant **Della Brock**

(b) Address **1723 Glasgow**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-5-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **D. Richards**

(b) Address **2625 D. Richards**

19. (a) **AUG 4 1944** (Date received local registrar) **J. F. Predeck** (Registrar's signature)

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. **1723 Glasgow** (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**, year **1944** hour **2** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **June 14**, 19**44** to **July 30**, 19**44**; that I last saw him alive on **July 30**, 19**44**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchopneumonia** **Terminal**  
 Duration \_\_\_\_\_

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

Other conditions: **Arteriosclerotic Heart Disease - Unk.**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **Alma Mason** (M. D. or other)

Address **St. Louis** Date signed **8/2/44**

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

**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

*Richardson*

Licensed Embalmer No. *2928*

P. O. Address *Cities*

**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.**