S. No. 2
M—5-43
. 5-17-39
I X36671

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

33794

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29082

State File No. 7861

FILED SEP 20 1944

Registration District No. [illegible]

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

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. 1900 So. 7th. Street 231
(If rural, give location)

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

3. (a) PRINT FULL NAME Lena 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 Widowed

6. (b) Name of husband or wife Richard Arbuckle

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

7. Birth date of deceased August 8, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	1	2	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name William Marberry

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

MOTHER 14. Maiden name Dont Know

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

16. (a) Informant William Ratley

(b) Address 2112 So. 8th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13/44 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) SEP 12 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th
year 1944 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from 9/8/44
, 19 , to Sept. 10th, 19 44
that I last saw h[illegible] alive on Sept. 10th, 19 44
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary artery occlusion	
Due to Arteriosclerosis	
Due to [illegible] Syphilis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Refused	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1510 Lafayette Date signed 9/11/44

(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 John Tretter

Licensed Embalmer No. 3880

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.