S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14743

FILED MAY 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4164

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

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. 2710 So. Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Harry Vigdor
3. (b) If veteran, name war
3. (c) Social Security No. Yes

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Peltz Vigdor
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June (Month) 2 (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	0	hr. min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Salesmanager
11. Industry or business Holcomb & Hoke

MOTHER FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) " (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant Mildred Vigdor
(b) Address 2710 So. Grand Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) MAY 3 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 3 minute 25 A. M.
21. I hereby certify that I attended the deceased from April 16, 1948, to May 2, 1948, that I last saw him alive on May 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lung	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause of 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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 5/2/48

Jefferson City Printing Co.

(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 Louis C. Hoffman

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.