MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19473

File No. 5145

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. 5641, Waterman Av St. Ward)

2. FULL NAME Jules L Arnoux

(a) Residence. No. St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marceline Arnoux

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Supt Iron Foundry
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) France

PARENTS

10. NAME OF FATHER Nicholas Arnoux

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Marguerite Domergan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT Mrs Charles Harter
(Address) 5641 Waterman av

15. FILED JUN 7 1927, 19 Max B Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1927, to June 2, 1927, that I last saw him alive on June 1, 1927, and that death occurred, on the date stated above, at 12 50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
1 21
1 30 10
95

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis & general exam
(Signed) F A Stockelberg, M. D
6/2, 1927 (Address) 506 Olive St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary — DATE OF BURIAL 6-4 1927

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr L Stocking
506 Olive

Box 0721