

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

Do not use this space.

2600

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City Lumley City (No. 23) Amherst St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Zayda Helen Arboast  
 (a) Residence No. 123 Amherst St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 16 yrs. 5 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 6  
 \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. W. Arboast

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28<sup>th</sup> 1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>3</u> hrs. <u>45</u> min.
	<u>49</u>	<u>6</u>	<u>23</u>	

8. OCCUPATION OF DECEASED wife & mother of 2 children  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waterstown  
 (STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER Erman Nertheimer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Australia

12. MAIDEN NAME OF MOTHER Emilyn Birk

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1929, to Jan 21, 1930 that I last saw him alive on Jan 15, 1930, and that death occurred, on the date stated above, at 2 AM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Stomach  
H6B

(duration) yrs. 8 mos. 9 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 29-29  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? X Ray + Operation  
 (Signed) Frank J. Urban, M. D.  
 (Address) 4500 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.

14. INFORMANT Z. H. Arboast  
 (Address) 1318 1/2 St. Louis

15. FILED 1-21 1930 Lena V. Moeller REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waterstown Mass DATE OF BURIAL 1-23 1930

20. UNDERTAKER Alexander & Sons 675 1/2 St. Louis ADDRESS \_\_\_\_\_

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.

EB 24 1930  
 235  
 2  
 30  
 2

Winter 1849  
No. 5000  
4 to 5 PM