

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

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.

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

Do not use this space.

JUN 12 1935

17874

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo. 6/4/35* *W. K. Kottman Ave*

File No.....
Registered No. **4189**
St..... Ward.....

2. FULL NAME

Arthur Stith
(a) Residence, No. *6146 Kottman*, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-8*, 19*35*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertha Cross Stith*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 1*, 19*28*, to *5-8*, 19*35*
I last saw him alive on *May 5*, 19*35*. Death is said to have occurred on the date stated above, at *6 P. M.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-4-1862*

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS *73* MONTHS *3* DAYS *4* If LESS than 1 day, hrs. or min.

Myocarditis Chronic

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Banker*

Other contributory causes of importance: *Atherosclerosis*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bank*

10. Date deceased last worked at this occupation (month and year) *1931*

11. Total time (years) spent in this occupation *50*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

13. NAME *James D. Stith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Baltimore Md.*

15. MAIDEN NAME *Fannie A. Taylor*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co Pa.*

17. INFORMANT (ADDRESS) *Arthur Stith 6146 Kottman Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Crem* DATE *May 10 35*

19. UNDERTAKER (ADDRESS) *W. J. Bredeck 6175 Kottman*

20. FILED *9-1935* 19 *J. B. Bredeck* Registrar.

Date of onset *1931*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....

(Signed) *M. E. Jones*, M. D.

(Address) *4500 Olive St.*

Mr. W. C. Jones - Notarial 2500

5189 Raymond before 8³⁰ A.M.