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.

OCT 21 1936

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

Do not use this space.

File No. 36330

Registered No. 374

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Unincorporated — Primary Registration District No. 6248 B

City Jefferson Barracks. (No. Missouri Veterans Hosp St. Ward)

2. FULL NAME Arthur FITZHUGH

(a) Residence, No. 2355 Adams St. St. Ward. St. Louis, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	3	25	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City Arkansas

FATHER

13. NAME Mrs. Lilly ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable unavialable

MOTHER

15. MAIDEN NAME unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

17. INFORMANT M. Schubley
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wynne, Ark. DATE Sept. 25 1936

19. UNDERTAKER Gates Funeral Home
(ADDRESS) 4107 Finney

20. FILED Sept. 22 1936 G Mowery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1936 to September 21, 1936.
I last saw him alive on 9:50 a.m. September 21, 1936. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Left Lung	Unkwn
Other contributory causes of importance: Marked Sclerosis of Coronary Arteries and Marked Hypertrophy of Heart	Unkwn

Name of operation none Date of
What test confirmed diagnosis? phy. exam. clinical manifestations laboratory Was there an autopsy? YES

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?
If so, specify

(Signed) C. W. Hughes, M. D.
(Address) Chief Medical Officer.
Jefferson Barracks, Mo.