

NOV 15 1937

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

35871
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
(b) Township St. Louis Mo. Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. Missouri Baptist Hospital St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. / mos. ds.

2. PRINT FULL NAME Eliza Ann Arnold

(a) Residence, No. nr Bonedell St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dan Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 1873</u>		
7. AGE <u>63</u>	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo. 126</u>		
13. NAME <u>Hugh Dickinson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo.</u>		
15. MAIDEN NAME <u>Susan Seargeant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co Mo</u>		
17. INFORMANT <u>Dan Arnold</u> (ADDRESS) <u>St. Clair Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonedell Mo</u> DATE <u>10-12-1937</u>		
19. FUNERAL DIRECTOR <u>Wm Casey Co</u> (ADDRESS) <u>St. Clair Mo</u>		
20. FILED <u>OCT 10 1937</u> <u>J. W. Bedeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937 to Oct 9 1937, 1937
I last saw her alive on Oct 9 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
followed by large abdominal abscess (pus) instead of small abscess)
Bladder disease
Other contributory causes of importance:
Small bladder disease with stones
Name of operation Drainage of abscess of Sept 23-30
What test confirmed diagnosis? _____ 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) W. S. Watt, M. D.
(Address) 743 Mo Theatre Bldg

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.

I-X12004

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

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.)