

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D JUN 9 1938

16381

Do not use this space.

4242

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. St. John's Hospital
 (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

Agnes A. Arnall
 (a) Residence, No. 3118 Sidney St St. 17
 (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 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 William M. Arnall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Missouri

FATHER
 13. NAME Sam Trotter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Hattie Hopkins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William M. Arnall
3118 Sidney St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lebanon DATE May 9 1938

19. FUNERAL DIRECTOR (ADDRESS) Petz Brothers
3029 Lafayette Ave

20. FILED MAY 9 1938 J. D. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb, 1938, to May 6, 1938.
 I last saw her alive on May 6, 1938. Death is said to have occurred on the date stated above, at 12:08 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Ch. Date of onset 5-8-38
Tuberculosis (Pulmonary) 5-6-38
Chronic Intestinal Angitis 5-7-38
 Other contributory causes of importance:
Partial Asphyxia
Partial and Bilateral 1935
abductor (Contracture)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab 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? no
 If so, specify _____
 (Signed) J. D. Bredbeck, M. D.
 (Address) 705 N. Kings Highway

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.

*Dr. Pranger
705 N. Humphreys
St. 2571*

STATEMENT BY LICENSED EMBALMER

I, *Frank J. Brown*, Licensed Embalmer No. *2245*

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

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Frank J. Brown*
Licensed Embalmer No. *2245*

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.)