

MAY 27 1938 REC'D JUN 7 1938

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

19494  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Jefferson Primary Registration District No. 109  
(c) City Maplewood Mo. (d) Street No. 2621 Big Bend. Registered No. 919  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Arthur J. Tufts. 192  
(a) Residence, No. 2621 Big Bend. St.  (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca B. Tufts.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1873  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 25  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner of cleaning and Pressing shop  
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) Wampsville N.Y.  
13. NAME John Marshall Tufts.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.  
15. MAIDEN NAME Lidia Fish.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.  
17. INFORMANT Rebecca B. Tufts  
(ADDRESS) 2621 Big Bend.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Hill DATE Sat. May 28 1938  
19. FUNERAL DIRECTOR Jay B. Smith Funeral Home.  
(ADDRESS) 7456 Manchester, Maplewood, Mo.  
20. F. MAY 27 1938 S. K. Myers M.D. R. L. P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Tue. May 25th 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to May 25, 1938  
I last saw him alive on May 25, 1938 Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis  
Date of onset 5-25-38  
9371  
Other contributory causes of importance:  
Myocarditis 1930  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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 GO Breckenridge, M. D.  
(Signed) 2610 Suttler Ave  
(Address) Maplewood Mo

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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, A. J. Mayfield, Licensed Embalmer No. 3077

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed A. J. Mayfield

Licensed Embalmer No. 3077

**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.)**