

1938 MAR 9 1939

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

7884
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 204
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 219
 (c) City Jefferson Barracks (d) Street No. U.S. Veterans Facility St. Unkn.
 (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 Arthur DOUGLAS

(a) Residence, No. _____ St. La Grange, Missouri.
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Lewis County,
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Harse Douglas

14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane Filler

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

17. INFORMANT Clinic M. DeShelley, Jefferson
 (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 2/7/39, 19

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
 (ADDRESS) 4107-09 Finney Avenue

20. FEB 7 1939, 19 Dr. M. J. ...
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1938, to February 4, 1939
 I last saw him alive on February 4, 1939. Death is said to have occurred on the date stated above, at 8:40A m.

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

Arteriosclerosis, general, with aortic and renal involvement (chronic nephritis). Date of onset Unkn.

Other contributory causes of importance: 131
Secondary anemia. Unkn.

Name of operation None Date of clinical mani. and laboratory
 What test confirmed diagnosis? NO 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? _____
 If so, specify Arthur Douglas
 (Signed) C. V. HUGHES, Chief Med. Officer M. D.
 (Address) V.A.F., Jefferson Barracks, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

B.C.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

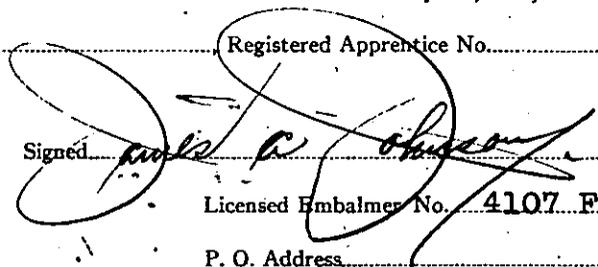
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



3522

Licensed Embalmer No. 4107 Finney

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.