

REC'D MAY 10 1939

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

791
1093

13228
Do not use this space.

Registered No. 3570

1. PLACE OF DEATH

(a) County / Registration District No.
 (b) Township / Primary Registration District No.
 (c) City St. Louis (d) Street No. Homer Phillips Hospital St.
 (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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Arrington

(a) Residence, No. 918 N 16th St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 3 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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) North Carolina / (STATE OR COUNTRY)

13. NAME Melvin Ross /

14. BIRTHPLACE (CITY OR TOWN) North Carolina / (STATE OR COUNTRY)

15. MAIDEN NAME Harriett Purcell

15. BIRTHPLACE (CITY OR TOWN) North Carolina / (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington PK DATE Apr. 18 1939

19. FUNERAL DIRECTOR (NAME) English Und Co (ADDRESS) 2931 Widener Ave

20. FILED APR 18 1939 J. F. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to April 14, 1939

I last saw her alive on April 14, 1939. Death is said to have occurred on the date stated above, at 8 a m.
 The principal cause of death and related causes of importance were as follows:

Malignancy of G. I. Tract
Primary seat duodenum
 Date of onset 4/2/39

Other contributory causes of importance:
HO

Name of operation Date of
 What test confirmed diagnosis? clinical 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
 (Signed) H. J. Zimmerman, M. D.
 (Address) 2601 N Whittier

WHILE BARRIED WITH ON-READING 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 X18605

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.....

Louis V. Atkins

....., Registered Apprentice No.

working under my personal supervision.

Signed *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Finley*

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.