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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19345

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5817

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

(c) City or town St. Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3661 South Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frances Lee Arthur

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 22 (Day) 1942 (Year)

8. AGE: Years | Months | Days 15 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Everett Arthur
13. Birthplace Rolla Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Lappe
15. Birthplace Biehle Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Arthur
(b) Address 3661 South Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 S. Grand Blvd

19. (a) JUL 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7.
year 1942 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from June 22. 1942 to July 7. 1942
that I last saw her alive on July 7. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Icterus

Due to ? of septicemia Diarrhea

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not yet reported

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. S. Meeker (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 7/8/42

(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 Not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Wm J Robert - L & M Co

Licensed Embalmer No.

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, fact should be so stated above.