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.

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

4596
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1241
(c) City St. Louis (d) Street No. St. Lukes 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Arnold. 654
(a) Residence, No. 5542 Easton Ave. St. 6
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett E. Arnold.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1915.

7. AGE: YEARS 22 | MONTHS 5 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as saw mill, bank, etc. A & P Co.
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) El Reno, Oklahoma. 1 0

FATHER
13. NAME Edward A. Arnold.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Missouri. 1

MOTHER
15. MAIDEN NAME Eliza Roberts.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Reno, Oklahoma.

17. INFORMANT (ADDRESS) Mrs Harriett E. Arnold 5542 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-4 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo L. Pleitsch Inc 5966 Easton Ave

20. FILED ..... 19 ..... J. F. Bradsch
FEB 3 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1938, to 2-1, 1938
I last saw him alive on 2-1, 1938 Death is said to have occurred on the date stated above, at 4:40 P.m.
The principal cause of death and related causes of importance were as follows:

Left frontal brain abscess
Probably caused by left front sinus

Date of onset

Other contributory causes of importance:

104b

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Robert L. Tolle, M. D.
(Address) St. Lukes Hosp. St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

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

I. E.

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

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)