JUL 5 1938

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

REC'D JUL 15 1938

22962
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township ~~Bonhomme~~ — Primary Registration District No. 116 — Registered No. 1163
(c) City Valley Park — (d) Street No. Arnolds Beach 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 Stella Mary Arnold 654
(a) Residence, No. Arnolds Beach 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: Female
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 Harry G Arnold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22 1878

7. AGE: YEARS 59 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Missouri 0

FATHER
13. NAME Chas Summers 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 2

MOTHER
15. MAIDEN NAME Delphine Savagnic
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Arnolds Beach Valley Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 7-7-38 19

19. FUNERAL DIRECTOR (ADDRESS) Boxes Ind Co. 131 W Argonne Dr Kirkwood Mo.

20. FILED JUL 5 1938 19 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938 19

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1938, to July 4th, 1938
I last saw her alive on July 3rd, 1938. Death is said to have occurred on the date stated above, at 12.30 A.M.
The principal cause of death and related causes of importance were as follows:

Squamous cell Carcinoma of the Cervix Uteri involving Adnexia — Date of onset: Previous to January 31/1938

48

Other contributory causes of importance:

Terminal Hypostatic Pneumonia — about June 30/38

Name of operation Hyperatomy — Date of Feb 28/38
What test confirmed diagnosis? Clinical and Lab. 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? No
If so, specify
(Signed) Augustus P Munsch M.D.
707 (Address) 306 Humboldt Bldg St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed: John M Meyer

Licensed Embalmer No. 3288

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.)