

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

**7657**  
Do not use this space.

REC'D MAR 23 1939

**1. PLACE OF DEATH**  
 (a) County St Charles Registration District No. 757  
 (b) Township St Charles Primary Registration District No. 5998 Registered No. 21  
 (c) City ..... (d) Street No. R R 2 Box 253 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** Blender Bail Arnold  
 (a) Residence, No. St Charles County Mo St.  (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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Aug 2<sup>nd</sup> 1938  
**7. AGE** YEARS ✓ MONTHS 5 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** None  
**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) (STATE OR COUNTRY)** St Charles Mo  
**FATHER**  
**13. NAME** John Arnold  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Charles Mo  
**MOTHER**  
**15. MAIDEN NAME** Beatrice Koetting  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St Charles Mo  
**17. INFORMANT (ADDRESS)** John Arnold R R 2 Box 253 St Charles  
**18. BURIAL, CREMATION, OR REMOVAL PLACE** Bonomeo Cem DATE Jan 16<sup>th</sup> 1939  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** 20 E Dalemeyer Dist B St Charles Mo  
**20. FILED** 1/15 1939 Clarence F. Neesler Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 14<sup>th</sup> 1939  
**22. I HEREBY CERTIFY**, That I attended deceased from Held Inquest, Jan 14<sup>th</sup> to Jan 24<sup>th</sup> 1939  
 I last saw h..... alive on..... 4.40 AM Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental Asphyxia.  
 Date of onset  
 Other contributory causes of importance:  
(Microscopia Exam)  
(Toxicologist Exam)  
(Autopsy)  
 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? accidental Date of injury 1-14-39  
 Where did injury occur? near St. Charles, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In Home  
 Manner of injury.....  
 Nature of injury Asphyxia - method undetermined  
**24. Was disease or injury in any way related to occupation of deceased?**.....  
 If so, specify John St Bure (Signed) Coroner St. Charles Co. Mo. ##### (Address)

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

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

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, above space should be left blank.**