

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay Carondelet Township
 (c) Name of hospital or institution:
109 Horn ave.
 (d) Length of stay: In hospital or institution 48 yrs.
 In this community 48 yrs.

3. (a) PRINT FULL NAME Hedwig Arnold
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife George
 (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased December 30 1864

8. AGE: Years 74 Months 7 Days 7
 If less than one day hr. min.

9. Birthplace Germany

10. Usual occupation At Home

11. Industry or business
 12. Name Unknown Holst
 13. Birthplace Germany
 14. Maiden name Unknown
 15. Birthplace unknown

16. (a) Informant's own signature George Arnold
 (b) Address 109 Horn ave.

17. (a) Cremation (b) Date thereof Aug. 9, 1939
 (c) Place: burial or cremation VIA HALLA Crematory

18. (a) Signature of funeral director C. Hoffmeister & Co.
 (b) Address 7314 S. Broadway

19. (a) AUG 8 1939 (b) T. R. Meyers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Lemay
 (d) Street No. 109 Horn ave.
 (e) If foreign born, how long in U. S. A. 43 years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 6
 year 1939 hour minute

21. I hereby certify that I attended the deceased from May 3rd
1939 to August 4th 1939
 that I last saw her alive on August 4th 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Chronic nephritis
 Due to
 Due to
 Other conditions Left Hemiplegia
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place)
 (e) Means of injury
 23. Signature Bernard Plach (M. D. or other)
 Address 3527 Osage Hill Date signed 8-6-39

Duration
2
?
575
 PHYSICIAN
 Underline the cause to which death should be charged statistically

Funeral & Burial
141 A. W. C.
East St. &

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.