

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42068

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 11191

1. PLACE OF DEATH: 1003
 (a) County St. Louis, Mo. 2
 (b) City or town
 (c) Name of hospital or institution: 5100a Delmar Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Louis J. Arndt Sr. 653
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased August 7th, 1874
 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 20
 If less than one day hr. min.

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

10. Usual occupation Saleman

11. Industry or business _____

MOTHER FATHER
 12. Name Leopold Arndt, 6
 13. Birthplace Germany 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
 (b) Address 5100a Delmar Blvd.,

17. (a) Burial (b) Date thereof Dec 30th, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director W. Leidner M. Co.
 (b) Date received local registrar Dec 29 1939
 (c) Address N. Market Street.

19. (a) _____ (b) J. F. Bredsch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis, Mo. 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5100a Delmar Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 65 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
 year 1939 hour 2 minute 50 P. M.
 21. I hereby certify that I attended the deceased from Nov 24, 1939, to Dec 27, 1939;
 that I last saw him alive on Dec 27, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Fecal impaction
 Due to: gaily elimination

Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature G. W. Carson (M. D. or other) _____
 Address 5100 Delmar Date signed Dec 28 1939

Dr. Carson

5100 Belmont Blvd.

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 Donner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.