

Registration District No. **791**

Primary Registration District No. **1003**

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 _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital #1 **53**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Fred Clayton Arnold **654**
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3, 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Anniston Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation School Boy
11. Industry or business _____
12. Name Fred Clayton Arnold
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Versa Colvin
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Versa Arnold
(b) Address Versa Arnold
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery
18. (a) Signature of funeral director J. F. Brudeck
(b) Address 111 Lafayette
19. (a) JUL 27 1940 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **18**
(If outside city or town limits, write "RURAL")
(d) Street No. 2908 Chouteau
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 8:40 minute 1 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sen. Chol. Wound of heart, suffered in
Due to Suffered while home at
Due to 2908 Chouteau about
8:40 Am July-26-1940
Other conditions (include pregnancy within 6 months of death) _____
Major findings: When seen on hand
Of operations of deceased was
Of autopsy discharged in some
Unknown manner
Open verdict

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence 7/26/40
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Alfred Perry (M. D. or other)
Address 111 Lafayette Date signed 7/27/40

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 *L R Cooper*.....

Licensed Embalmer No. *3633*.....

P. O. Address *2317 Lafayette*.....

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.