

1-13-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City Hospital, #1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 6 hrs. 35 mins.
(Specify whether _____)

In this community 6 hrs. 35 mins.
(years, months or days)

3. (a) PRINT FULL NAME Baby Arndt **LS3**

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased July 24, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>6 hr. 35 min.</u>

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Lewis Arndt

13. Birthplace Flat River, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Eaton

15. Birthplace Anniston, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital, #1,

17. (a) Burial (b) Date thereof 8 29 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City cemetery of W. S. White

18. (a) Signature of funeral director _____

(b) Address City Hospital, No. 1

19. (a) AUG 28 1940 (b) J. B. Beck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, **22**
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Dolman
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24,
year 1940 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1940, to July 24, 1940,
that I last saw him alive on July 24, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury !

23. Signature Henry Lettada (M. D. or other) _____

Address 1515 Lafayette Ave., Date signed 8/2/40

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.....

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, fact should be so stated above.