o. 2
13-40
17-39
X23159

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9153

Registration District No. 791 Primary Registration District No. Registrar's No. 2563

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5598 Wells /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0006

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5598 Wells 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Roy Arnold

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lillian Arnold

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 23, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER
12. Name ? Arnold
13. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

MOTHER FATHER
14. Maiden name Julia Unknown
15. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Lillian Arnold
(b) Address 5598 Wells

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) MAR 21 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 3.30 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug, 1940, to 3/19, 1941; that I last saw him alive on 3/18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	48 hours.
Due to: Cardio-Vascular Renal Disease	11 years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. J. Hennelly (M. D. or other) 0
Address 3145 S. Grand Date signed 3/21/41

(Licensed Embalmer's Statement on Reverse Side)

Hennelly
3115 S. Grand

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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.