

32
S. No. 2
1-14-41
5-17-39
PI X23390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23626

State File No. _____

FILED AUG 28 1941

Primary Registration District No. _____

Registrar's No. 5968

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 13 Days
In this community 52 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Benjamin Arnold

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-073042

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ERNA B ARNOLD 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September 1 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation CLERK

11. Industry or business Wholesale Grocery

12. Name FREDERICK ARNOLD

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

14. Maiden name LOUISA REDELMANN

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

16. (a) Informant Erna B Arnold

(b) Address 4225 South 37th St

17. (a) BURIAL (b) Date thereof July 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM PARK CEMETERY

18. (a) Signature of funeral director BEIDERWIEDEN FUN. HOME INC

(b) Address 1936 St Louis Ave

19. (a) JUL 22 1941 (b) J. J. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4225 South 37th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19, year 1941 hour 12:40 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from June 6, 1941 to July 19, 1941.
that I last saw him alive on July 19, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
Amiotrophic Lateral Sclerosis

Chronic Nephritis

Due to 8/18 4225

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

Major findings: _____
Of operations _____
Or autopsy Amiotrophic lateral Sclerosis. Chronic nephritis

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? _____

23. Signature L. J. Mueller (Specify type of place) _____
Address 1515 Lafayette Ave (e) Means of injury _____
Date signed 7/20/41

000
17
159
1

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Emb. blank signed

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.