S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8228

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3054

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

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: Lutheran Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 16 17 (If outside city or town limits, write "RURAL") 9
(d) Street No. 3852 Humphrey (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Udolpho S. Arnold, Sr.
3. (b) If veteran, name war ---
3. (c) Social Security No. ---
4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Wark Arnold
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased September 4th, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	7	-	hr. min.

9. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Vice President
11. Industry or business City Foundry Company
FATHER
12. Name Louis Arnold
13. Birthplace (City, town, or county) Alsace-Loraine (State or foreign country)
MOTHER
14. Maiden name Mary Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Cornelius N. Arnold
(b) Address 3852 Humphrey
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Burial~~ Concordia Cem
18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue
19. (a) APR 6 1942 (Date received local registrar) Jr. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1942 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from April 2, 1942, 19__, to April 4, 1942 that I last saw him alive on April 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	3 days
Due to Hypertension	years
Arteriosclerosis	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 0
23. Signature [signature] (M. D. ~~or other~~)
Address 3651 Grandel Sq. Date signed 4-4-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robt A. Nussbaum
36 51 Grandel Square
JE 4 30 12:30 - 3:0

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. 3737

P. O. Address 1936 St. Louis Ave

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.