S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31694 8749

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: City Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Min. (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 26 13 9
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1613a Knapp
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME GRACIE ARNOLD
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Verdick
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased November (Month) 30 (Day) 1875 (Year)

8. AGE: Years 66 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Wm. R. Welch
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Virgil Reed
(b) Address 2619 N. Market St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) OCT 22 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th year 1942 hour 6 minute 30 a.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 — Duration
Chronic Hypertrophic Myocarditis;
Due to
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Alfred J. Percy (M. D. or other)
Address Deputy Coroner Date signed 10/22/42

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

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, fact should be so stated above.