

S. No. 2  
 M-5-42  
 v. 5-17-39  
 I X32873

35139

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 10129

FILED DEC 11 1942

1003

Primary Registration District No.

Registrar's No.

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

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County St. Louis  
 (c) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 414 Rear Lexington  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Lester Arning

3. (b) If veteran, name war.....  
 3. (c) Social Security No. 494-05-2946

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (c) Name of husband or wife Berneda Meyer Arning  
 6. (e) Age of husband or wife if alive 29 years  
 7. Birth date of deceased April 29 - 1911  
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 3  
 If less than one day..... hr. .... min.

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

10. Usual occupation Musician

11. Industry or business.....

MOTHER FATHER  
 12. Name Arthur Arning  
 13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Brown  
 15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Berneda Arning  
 (b) Address 4114 Rear Lexington Ave

17. (a) Burial (b) Date thereof 12-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stigot & Carroll  
 (b) Address 4600 Natural Bridge

19. (a) DEC 4 1942 (b) J. P. Bradden  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 2,  
 year 1942 hour 7:00 minute 15 P..M.  
 21. I hereby certify that I attended the deceased from December  
1, 19 42 to December 2, 19 42  
 that I last saw h. im alive on December 2, 19 42  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Melanoma  
(malignant melanoma)  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations.....  
 Of autopsy.....

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) (Type of injury)  
 23. Signature Geo. Mad... (M.D. or other).....  
 Address 1515 Lafayette Date signed 12/3/42

2011 130 0317

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**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 *Jeldon Collins*.....

Licensed Embalmer No. 3382.....

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.**