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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29689

FILED OCT 13 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8752

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 26 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 13

(c) City or town Overland (If outside city or town limits, write "RURAL") NR

(d) Street No. 9221-Bristol Avenue (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT, FULL NAME Francis X. Arnold

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov (Month) 3 (Day) 1890 (Year)

8. AGE: Years 52 Months 10 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lawrence Arnold
13. Birthplace ..... (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Mary Frey
15. Birthplace ..... (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant Minnie H. Arnold

(b) Address 9221-Bristol Ave-Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1943 hour 7 minute 03 P M.

21. I hereby certify that I attended the deceased from Sept 30, 1943 ....., 19..., to Oct. 1 1943 that I last saw him alive on Oct. 1 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General peritonitis	1 day
Due to Ruptured gastric ulcer	/
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Ruptured gastric ulcer	

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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) no

(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 Roy A. Walther (M. D. or other)

Address 2438 Woodson Rd. Date signed Oct 2 43

(Licensed Embalmer's Statement on Reverse Side) Overland. Mo.

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.