

DEPARTMENT OF COMMERCE - STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. **14479**
Registrar's No. **3105**

Registration District No. **318** Primary Registration District No. **1003**

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 hours
(Specify whether
In this community 4 years
years, months or days)

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. 1024 N Leffingwell
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank Arnold
3. (b) If veteran, name war..... 3. (c) Social Security No. 359-12-5614

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 9
year 1946 hour 10 minute 5 P. M.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie Arnold 6. (c) Age of husband or wife if alive 21 years (Day) (Year)

21. I hereby certify that I attended the deceased from April 8, 1946, to April 9, 1946, that I last saw h. im alive on April 9, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 1 18 If less than one day hr. min. 25

Immediate cause of death Far Advanced Pulmonary Tuberculosis Duration Unk

9. Birthplace Shanee Oklahoma
(City, town, or county) (State or foreign country)
10. Usual occupation Coach Cleaner

Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business L & N R.R. Co.
12. Name James Arnold
13. Birthplace ? Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Birda
15. Birthplace ? Miss.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Hattie Arnold
(b) Address 1024 N. Leffingwell
17. (a) Burial (b) Date thereof 4/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation St. Peters Cem.
Ellis Funeral Home
18. (a) Signature of funeral director 2820 Stoddard St.
(b) Address APR 15 1946
19. (a) (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

While at work? (Specify type of place) (a) Means of injury 1
23. Signature W B Bernard (M. D. or other)
Address 2601 N. Whittier Date signed 4/11/46

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

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 L. Boy
....., Registered Apprentice No.
working under my personal supervision.

Signed Lomnie Baifer
Licensed Embalmer No. 29
P. O. Address St Louis

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.