

S. No. 2
M-5-43
5-17-39
P I X3667

FILED JUN 21 1946

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Mary's Infirmary
(d) Length of stay: In hospital or institution 30 yrs.
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 117
(d) Street No. 4118 Page Blvd.
(e) Citizen of foreign country? 9
If yes, name country (Yes or No) 9

3. (a) PRINT FULL NAME John W. Arnold

3. (b) If veteran, name war. 3. (c) Social Security No. 488-20-9428

4. Sex Male, Color or race Negro
6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased April 12, 1894
(Month) (Day) (Year)

8. AGE: Years 52, Months 1, Days 21
If less than one day hr. min.

9. Birthplace Russellville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business

12. Name Eugene Arnold

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ashbury
(City, town, or county) (State or foreign country)

15. Birthplace Greenville, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Arnold
(b) Address 3146 Branter Pl

17. (a) Burial (b) Date thereof 6/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave

19. (a) JUN 5 1946 J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 2 day, year 46 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 18 1946 to June 2 1946
that I last saw him alive on June 2 1946
and that death occurred on the same and hour stated above.

Immediate cause of death: Congestive Heart Failure

Due to: Hypertension

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: W. J. ... (M. D. or other) Date signed: 6/9/46

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

MOTHER FATHER

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 Fulton G. Calkin
Licensed Embalmer No. 4198
P. O. Address Sherris 13 Mo.

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.