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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14806

FILED MAY 1 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4066

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

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: St Lukes
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis 96

(c) City or town VELDA VILLAGE
(If outside city or town limits, write "RURAL")

(d) Street No. 3014 CAPEHART DR NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME INFANT ARKELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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 (Month) 17 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. X min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name CYRIL ARKELL
13. Birthplace IOMA (City, town, or county) WISS (State or foreign country)

MOTHER
14. Maiden name DORIS UPTON
15. Birthplace BOSTON (City, town, or county) MASS (State or foreign country)

16. (a) Informant CYRIL ARKELL
(b) Address 3014 CAPEHART DR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 17 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4086 LINDELL

19. (a) APR 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1947 hour 9 minute 18-8 M.

21. I hereby certify that I attended the deceased from April 17, 1947, to April 17, 1947, that I last saw him alive on April 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral anoxemia	1 hr
Due to Premature separation of placenta	
Due to	
Other conditions Prematurity (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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Louis Kirtz (M. D. or other) MD
Address 4952 Maryland Date signed 4/18/47

(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.....

Licensed Embalmer No.....

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.