

FILED JAN 22 1948

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**12056**

## 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:  
**2708a Henrietta**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days) (Specify whether

3. (a) PRINT FULL NAME **MARTHA M. ARNOLD**3. (b) If veteran,  
name war.....3. (c) Social Security  
No.....4. Sex **Female**5. Color or  
race **White**6. (a) Single, widowed, married,  
divorced **Widowed**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if  
alive..... years**Lee M. Arnold**7. Birth date of deceased **Nov. 30, 1882**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

**65****I****I**

hr.

min.

9. Birthplace **South Bend**

(City, town, or county)

**Indiana**

(State or foreign country)

10. Usual occupation **None**11. Industry or business **(Blind)**12. Name **August Voerschel**

13. Birthplace.....

(City, town, or county)

**Germany**

(State or foreign country)

14. Maiden name **Pauline (Unknown)**

15. Birthplace.....

(City, town, or county)

**Germany**

(State or foreign country)

16. (a) Informant **Mrs. Alberta Hart**(b) Address **2708a Henrietta**17. (a) **Removal**

(Burial, cremation, or removal)

(b) Date thereof **Jan. 1, 1948**

(Month) (Day) (Year)

(c) Place: burial or cremation **Villa Ridge Illinois**18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**(b) Address **7814 S. Broadway, St. Louis, Mo.**19. (a) **JAN 2**

(Date received local registrar)

(b) **J. F. Braden**

(Registrar's signature)

## 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 **2708a Henrietta**  
**23** (If rural, give location)  
 (e) Citizen of foreign country? **----** (Yes or No)  
 If yes, name country **----**

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31**  
 year **1947** hour **7** minute **50 P.** M.

21. I hereby certify that I attended the deceased from.....  
 19....., to....., 19.....

that I last saw h..... alive on....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

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 sta-  
tistically.

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) **3**  
 White at **2013** (e) Means of injury.....

23. Signature **Patrick E. Taylor** (M. D. or other) **1/1/48**  
 Address **1300 Clark** Date signed **1/1/48**

**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

**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.**