No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5999
Registrar's No. 1912

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS, MISSOURI (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS MATERNITY HOSP (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY, 8 HRS. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS (NORMANDY) 20 (If outside city or town limits, write "RURAL")
(d) Street No. 3014 CAPEHART DRIVE (If rural, give location)
U.R.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARKELL, BABY GIRL
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 23 (Day) 1948 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 8 hr. 40 min.

9. Birthplace ST. LOUIS, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name CYRIL ARKELL
13. Birthplace IONA, MINN. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name DORIS ANN UPTON
15. Birthplace BOSTON, MASS. (City, town, or county) (State or foreign country)
16. (a) Informant ST. LOUIS MATERNITY HOSPITAL
(b) Address 630 SO. KINGSHIGHWAY, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cyrillen Kelly
(b) Address 4286 Lindell
19. (a) FEB 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 24th year 1948 hour 4 P.M. minute M.
21. I hereby certify that I attended the deceased from 2/23/48, 19, to 2/24/48, 19; that I last saw her alive on 2/24/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Immaturity (28 wks gestation)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 L. Patton (M. D. or other) M.D.
Address 3720 Washington Date signed 2/25/48

Jefferson City Printing Co. (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.