No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 28 1948

Registration District No. 3146

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30773

Primary Registration District No. 3059

Registrar's No. 307

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois 94

(c) City or town LEADWOOD 0
(If outside city or town limits, write "RURAL")

(d) Street No. NONE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rupert ARNOLDI

3. (b) If veteran, name war NO

3. (c) Social Security No. 493-03-2816

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. (Month) 10 (Day) 1880 (Year)

8. AGE: Years 67 Months 10 Days 9 If less than one day hr. min.

9. Birthplace MINE LAMOTTE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation ELECTRIAN

11. Industry or business ST JOSEPH LEAD CO.

FATHER
12. Name CARL FREDRICK ARNOLDI
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY ANN RUSSELL
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. OLLIE ARNOLDI

(b) Address LEADWOOD, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation LEADWOOD CEMETERY

18. (a) Signature of funeral director [illegible]

(b) Address LEADWOOD, MISSOURI

19. (a) 9-22-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1948 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept. 14, 1948, to Sept 19, 1948, that I last saw him alive on Sept. 19, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial infarction	
Due to coronary thrombosis	2 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Byron Taylor (M. D. or other) MD

Address Flat River, Mo. Date signed Sept 21, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 948-12
Date Filed 9-27-

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 William E. Boyer, Registered Apprentice No. 229, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3448

P. O. Address Leadwood 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.