

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5914

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1684			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 5300 Arsenal			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Sanitarium				d. STREET ADDRESS (If rural, give location) 5300 Arsenal					
3. NAME OF DECEASED (Type or Print) a. (First) ELEANORE			b. (Middle) _____			c. (Last) ARNHOLD			
4. DATE OF DEATH (Month) (Day) (Year) Febr. 21 1949									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 12, 1885			
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 8 Days 9		IF UNDER 1 HR. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY Nil			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
						12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jacob Arnhold			13b. MOTHER'S MAIDEN NAME Catherine Weis			14. NAME OF HUSBAND OR WIFE (Single)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Arnhold ADDRESS 103 E. Arlee Lemay 23					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				5 das.	
				ANTECEDENT CAUSES DUE TO (b) Femoral Thrombosis				5 das.	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION H66X						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from Febr. 1 , 19 45 , to Febr 21 , 19 49 , that I last saw the deceased alive on Febr. 21 , 19 49 , and that death occurred at 12:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Jack R. Widelman				23b. ADDRESS 5400 Arsenal St. City				23c. DATE SIGNED 2/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) I800 Lemay Ferry Rd. Lemay 23			
DATE REC'D BY LOCAL REG. FEB 23 1949		REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS U&L Co. 7814 S. Bdwy City II			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lincoln C. Hoffmann

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 8 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.