

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13557

State File No. 1003

Registrar's No. 3274

BIRTH NO. <u>49-024050</u> REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>3274</u>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 Hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's</u>			d. STREET ADDRESS (If rural, give location) <u>635 Ellwine Dr.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle) <u>Arnold</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-10-1949</u>		9. AGE (In years last birthday) Months Days <u>- - 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N11</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Richard L. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Gardner</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Arnold</u>		ADDRESS <u>635 Ellwine Dr.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____		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 <u>10 Apr</u> , 19 <u>49</u> , to <u>10 Apr</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10 Apr</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Charles A. Neeter MD</u>		23b. ADDRESS <u>5600 S. Compton</u>		23c. DATE SIGNED <u>11 Apr 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>APR 12 1949</u>		REGISTRAR'S SIGNATURE <u>J. P. Pasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>		ADDRESS <u>7128 Michigan</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

NR

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.....

John Embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....

Student Embalmer

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.