

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15267

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 1161	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		d. STREET ADDRESS 7465 Wise Ave.		4495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7465 Wise Ave.				d. STREET ADDRESS (If rural, give location) 7465 Wise Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) PAUL		b. (Middle) MC ARTHUR		c. (Last) MC ARTHUR	
4. DATE OF DEATH		(Month) May		(Day) 4,		(Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 27, 1868		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman		10b. KIND OF BUSINESS OR INDUSTRY U.S. Mail Serv.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James McArthur		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE late Catherine McArthur			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE, OR NAME, ADDRESS Malcolm McArthur, 7405 Wise Ave., Richmond Hts., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypostatic pneumonia				4/24/50	
ANTECEDENT CAUSES		DUE TO (b) Senility (age 81)					
		DUE TO (c) (Possible) cerebral hemorrhage					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 1/30, 1950, to 5/3, 1950, that I last saw the deceased alive on 5/3, 1950, and that death occurred at 11 m., from the causes and on the date stated above.							
23a. SIGNATURE Phlegan		(Degree of title) M.D.		23b. ADDRESS 2516 Sutter		23c. DATE SIGNED 5/4/50	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. MAY 5 1950		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS JAY B. SMITH, 7456 Manchester Ave., Maplewood 17, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

4005

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*H. Burgess*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.