

S. No. 300
V. 10.48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28834

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1988

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood CLAYTON D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u> <u>4693</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		9. STREET ADDRESS (If rural, give location) <u>670 Argonne Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Matthew</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Arnold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Jan. 1. 1879</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Armstead Arnold Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Katharen Mahaley</u>		14. NAME OF HUSBAND OR WIFE <u>No Wife</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucy Edwards 670 E. Argonne Dr.</u>	
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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, ashenia, 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) <u>Unknown Natural Causes</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 15 Aug, 1950, to 15 Aug, 1950, that I last saw the deceased alive on 15 Aug, 1950, and that death occurred at 12:18 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Schmidt</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>6015 Brentwood Clayton, Mo</u>		23c. DATE SIGNED <u>18 Aug 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-18-50</u>		REGISTRAR'S SIGNATURE <u>Robert L. Drouley, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. Herphill 408 S. Fillmore Av</u>	
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(Licensed Embalmer's Signature on Reverse Side)

Kirkwood 22, Mo.

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

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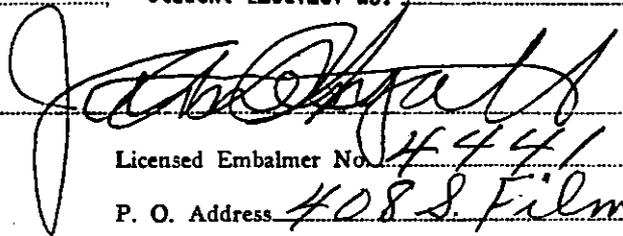
STATEMENT BY LICENSED EMBALMER

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 _____



Signed _____
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address 408 S. Filmore

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.