

No. 300
10-48

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39265

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2768

4005

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, with RURAL and give township) <u>Richmond Heights</u> | c. LENGTH OF STAY (Specify) <u>19 years</u> | c. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>Richmond Heights</u> <u>495</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7926 DALE</u> | | d. STREET ADDRESS (If rural, give location) <u>7926 Dale Avenue</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) _____ c. (Last) <u>Arnold</u> | | | 4. DATE OF DEATH (Month) <u>11</u> (Day) <u>13</u> (Year) <u>50</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u> | 8. DATE OF BIRTH <u>2/19/1886</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 48 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> | 11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo. O</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Delaney Scruggs</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Edgar Arnold</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Arnold, 7926 Dale Ave.</u> | ADDRESS <u>7926 Dale Ave.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of CERVIX</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs.</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. <u>17X</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>171X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) | 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 Jan, 1949, to Nov 13, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 20 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or Title) <u>M.D.</u> | 23b. ADDRESS <u>2435 Kirkham Webster Ave</u> | 23c. DATE SIGNED <u>11/19/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/18/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-17-50</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u> | ADDRESS <u>Gates Funeral Home, 4107 Finney Ave.</u> |
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RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John H. Cunningham
Licensed Embalmer No. 4478

P. O. Address 4107 Finney Avenue

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.