

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18940

FILED JUN 7 1951

BIRTH NO. 0001 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2293

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 500 Vest Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park 4761
d. STREET ADDRESS (If rural, give location) 0
500 Vest Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) J. c. (Last) ARNOLD

4. DATE OF DEATH (Month) (Day) (Year)
May 26, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
July 13, 1896

9. AGE (In years last birthday) 54

IF UNDER 1 YEAR Months 10 Days 13

IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY
R.R. Switchman

11. BIRTHPLACE (State or foreign country)
Owensboro, Ky.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Benedict Arnold

13b. MOTHER'S MAIDEN NAME
Anna Bevins

14. NAME OF HUSBAND OR WIFE
Hattie Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)
Yes W.W. 1

16. SOCIAL SECURITY NO.
493-12-5271

17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO.
Mrs. Hattie Arnold, Valley Park,

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation
ANTECEDENT CAUSES
DUE TO (b) Insufficiency Aortic Valves
DUE TO (c) Rheumatic Fever
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
30 days
? years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
40%

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sent, 1950, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. D. Cottingham, D.O.

23b. ADDRESS
Valley Park, Mo.

23c. DATE SIGNED
5-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
5/29/51

24c. NAME OF CEMETERY OR CREMATORY
National Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.
5-28-51

REGISTRAR'S SIGNATURE
Herbert P. Somke, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Louis H. Bobb, Inc., Kirkwood, Mo.

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

JUL 6 1961

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.....

Peter B. Dubouillet

Signed.....

Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo.*

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.