

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29890**

FILED SEP 19 1951

BIRTH NO. _____ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **5388** Registrar's No. **58**

0330
1

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Short Bend Twp.		c. CITY (If outside corporate limits, write RURAL and give township) 2149 OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) ?		d. STREET ADDRESS (If rural, give location) 5744 Potomac St.	
d. TOWN NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) John c. (Last) Arnold			4. DATE OF DEATH (Month) Sept; (Day) 7 (Year) 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 29, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Arnold Express		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Catherine Arnold, Virginia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Catherine Arnold, 5744 Potomac, St. L., Mo.	
12. CITIZEN OF WHAT COUNTRY? _____		ADDRESS _____			

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., means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperthyroidism			INTERVAL BETWEEN ONSET AND DEATH 5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Chronic Myocarditis		DUETO (b) _____			DUETO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			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) 2520	
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 Mar 13, 1946 , to Sept 7, 1951 , that I last saw the deceased alive on Sept 5, 1951 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Richard F. Hummel, M.D.			23b. ADDRESS 5746 St. Louis Ave. St. Louis, Mo.		23c. DATE SIGNED Sept. 8, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Sept. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. 9-11-51		REGISTRAR'S SIGNATURE M. M. Hart, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary, 6464 Chip.			

APR 30 1952

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

OCT 16 1951

MAY 26 1954

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.....
Carl H. Jensen

Licensed Embalmer No. *2374*

P. O. Address *Salina 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 29890

State of Missouri
City of St. Louis } ss.
County of _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 5 day of May, 1952, 194____, before me appears
Mrs. Virginia Arnold, who, upon her oath, states that the original record of ~~birth~~^{death}
for Ernest John Arnold Sr. died Sept. 7, 1951, 19____, in the State of
Missouri, and which was filed at Dent County, Mo. on Sept. 11, 1951, should be corrected as follows:

Item No. 14 should read Virginia Arnold

Instead of Catherine Arnold

Item No. 17 should read Virginia Arnold

Instead of Catherine Arnold

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant V. Virginia Arnold Wife
Relationship.

445 Wilmington Ave.
Present Address.

Subscribed and sworn to before me this 5 day of May, 1952, 194____.

My Commission expires June 14, 1952 Leonard J. Brandt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.