

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2554  
 Registrar's No. 0282

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived, if institution: residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		4. STREET ADDRESS (If rural, give location) 6805 Waldemar Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) B.		c. (Last) ARNETTE	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1952		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-21-1880		9. AGE (In years) (Months) (Days) (Hours) (Min.) 62 7 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (State or foreign country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Arnette		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ethel L.B. Arnette		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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Ethel L. B. Arnette, above		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Captured Spleen; suffered when struck by auto driven by one Jess Williamson at intersection of Waldemar		II. OTHER SIGNIFICANT CONDITIONS and in ambulance about 7:05 am Jan 9 1952		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION* not accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY Jan 9 5:27 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 8124-25	
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 6:25 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph M. Quinn		23b. ADDRESS 308 Clark		23c. DATE SIGNED 1/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-1952		24c. NAME OF CEMETERY OR CREMATORY St. Mathews Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. JAN 11 1952		REGISTRAR'S SIGNATURE Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood 17, Mo.		ADDRESS			

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

307

AUG 9 1958

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.

Student \_\_\_\_\_  
Student Embalmer

Signed J. P. Burgess

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.