

# STANDARD CERTIFICATE OF DEATH

State File No. ....

9630

FILED APR 12 1952

 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2875**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2875</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1839 Basement Maiden Lane</b>				d. STREET ADDRESS (If rural, give location) <b>1839a Maiden Lane</b>			
3. NAME OF DECEASED (Type or Print) <b>Richard</b>		a. (First)		b. (Middle)		c. (Last) <b>Arnold</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 22, 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Dec. 23, 1934</b>		9. AGE (In years last birthday) <b>17</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Not Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U</b>	
13a. FATHER'S NAME <b>Edwrad Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Corsaine</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bertha Arnold, 1839a Maiden Lane</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of skull</b>				<b>and</b>	
		ANTECEDENT CAUSES <b>brain, diseased as found dead in basement of house at 1839 Maiden Lane about 7:30 pm March 24 1952 from gunshot</b>					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>gun in the hands of all Walter</b>					
		II. OTHER SIGNIFICANT CONDITIONS <b>Wound suffered when shot with</b>					
		Conditions contributing to the death but not related to the disease or condition causing death <b>gun in the hands of all Walter</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Wound (gun) about 4:50 pm Mar 22 1952 R.R. Accident</b>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Basement</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 22 52 4pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>69190</b>			
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 <b>4:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patric E. Raynor Coroner 3</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3.27.52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 25, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 27 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Und. Co. 2223 St. Louis Ave.</b>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address. *St. Louis, 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.