

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39936

FILED DEC 2 1952

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10141**

1. PLACE OF DEATH a. COUNTY		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) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 11 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 3 3821 Jamieson Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Melville c. (Last) Arniel			4. DATE OF DEATH (Month) (Day) (Year) 11 1 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-9-1900		9. AGE (In years last birthday) 52 IF UNDER 1 YEAR 5 MONTHS 22 DAYS 22 HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering	11. BIRTHPLACE (State or foreign country) Philadelphia, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Arniel		13b. MOTHER'S MAIDEN NAME Anne Clark		14. NAME OF HUSBAND OR WIFE Ann L. Arniel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW# 1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ann L. Arniel 3821 Jamieson Ave.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 17 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **Oct. 20 1952**, to **11-1-1952**, 19___, that I last saw the deceased alive on **11-1-1952**, 19___, and that death occurred at **10:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter A. Dill (Degree or title) M.D.		23b. ADDRESS 7348 Manchester		23c. DATE SIGNED 11-3-1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/4 52	24c. NAME OF CEMETERY OR CREMATORY National Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 5 1952 Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster Inc. 6633 Clayton Rd.	
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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.

Student Embalmer No.

Signed Ernest W. Spillars

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

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.