

ED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2830

0959

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8758 Lowell				d. STREET ADDRESS (If rural, give location) 8758 Lowell				
3. NAME OF DECEASED (Type or Print) Catherine Arnd			a. (First)	b. (Middle)	c. (Last)			
4. DATE OF DEATH Jan 26th, 1953			4. DATE (Month) (Day) (Year)					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 10th 1864		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 1000 Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cahokia, Ill		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Jake Haubricht			13b. MOTHER'S MAIDEN NAME Lochenhofer			14. NAME OF HUSBAND OR WIFE William Arnd		
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. none		17. INFORMANT'S SIGNATURE OR NAME Walter Arnd, 8758 Lowell			
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) Chronic Myo carditis				INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Cardio renal vascular		years			
			DUE TO (c) Acute upper respiratory		2-3 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 442x				
22. I hereby certify that I attended the deceased from April 14, 1945 , to Feb , 19 46 , that I last saw the deceased alive on Feb , 19 46 , and that death occurred at 2:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE W.P. Hamilton (Degree or title) M.D.				23b. ADDRESS 8363 Halls Ferry		23c. DATE SIGNED Jan 27-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/29/53		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis co., Mo.		
DATE REC'D. BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home, 8319 Hallsferry ADDRESS				

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

John S. Renneke
Licensed Embalmer No. 9124
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.