

No. 300  
10-48

923  
0

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22602  
Registrar's No. 135

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Peters</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0723 - 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Melissa</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Arnold</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1953</b>
-------------------------------------	---------------------------	------------------------	-------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>May 9, 1943</b>	9. AGE (In years last birthday) <b>10</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>8</b>	Hours <b></b>	Min. <b></b>
----------------------	-------------------------------	--	-------------------------------------	---	---------------------------------	--------------------------------	---------------	--------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Charles, Mo.</b>	12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Jake Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Schulte</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jake Arnold, St. Peters, Mo.</b>	ADDRESS <b></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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Lymphatic Leukemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>mangel vein</b>		Birth	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>2040</b>	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)	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 June 2, 1953, to June 17, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b></b>	23b. ADDRESS <b>St. Charles Mo.</b>	23c. DATE SIGNED <b>June 19, 1953</b>
-----------------------------------	---------------------------	-------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>All Saints</b>	24d. LOCATION (City, town, or county) (State) <b>St. Peters, Mo.</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>June 19, 1953</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>St. Peters, Mo.</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 \_\_\_\_\_

*E. Keithly*

Licensed Embalmer No. 827

P. O. Address Fallon Me

**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.