

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7120**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **390**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Berguson		c. CITY (If outside corporate limits, write RURAL and give township) University City 4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Knoll Nursing Home		d. STREET ADDRESS (If rural, give location) 612 Leland Avenue 0	

3. NAME OF DECEASED (Type or Print) John Arnold			4. DATE OF DEATH Feb. 11, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Abt. 77		10. KIND OF BUSINESS OR INDUSTRY Insurance	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (City and State or Foreign Country) Romania 6		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tillie Arnold	
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 Mrs. J. Arnold - 612 Leland Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate with		ANTECEDENT CAUSES Regional extension (Rectum)		2 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic Coronary artery disease		unknown	
II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Coronary artery disease		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 197X		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from March 3, 1953 , to Feb 11, 1954 , that I last saw the deceased alive on Feb 9, 1954 , and that death occurred at 9:15 P. m. , from the causes and on the date stated above.					

23a. SIGNATURE Lewis Littmann MD (Degree or title)		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 2/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/54		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetery St. Louis 6, Missouri	

DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE Hubert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf, Inc., 5216 Delmar	
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(Licensed Embalmer's Statement on Reverse Side)

4009
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 9 1956

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 Ketter*

Licensed Embalmer No. *2880*

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.