

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13125**
3799

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) 1 WK		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 1911 Belt Avenue 2069			
3. NAME OF DECEASED (Type or Print)		a. (First) Valentine		b. (Middle) F.	
		c. (Last) Arnold		4. DATE OF DEATH (Month) (Day) (Year) 4 - 26 - 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5 - 11 - 1885		9. AGE (In years last birthday) 68		10. CITIZEN OF WHAT COUNTRY? St. Genevieve, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer & Butcher		10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve, Missouri	
13a. FATHER'S NAME Joseph Arnold		13b. MOTHER'S MAIDEN NAME Julia unknown		14. NAME OF HUSBAND OR WIFE Regina 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. 495-36-9360		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Regina Arnold, 1911 Belt Ave.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs	
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.					

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) 204.0	

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?	
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22. I hereby certify that I attended the deceased from **4/19/1954**, to **4/26/1954**, that I last saw the deceased alive on **4-26-1954**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) _____		23b. ADDRESS 4952 Maryland	
23c. DATE SIGNED 4/27/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/29/54	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			

DATE REC'D BY LOCAL REG APR 27 1954		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. L. D. Cassidy
4952 Maryland
all afternoon
Tue.

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.....
Signature of Student Embalmer

Signed *Albert R. Thompson*

Licensed Embalmer No. *423*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.