

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24221

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5010**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>2129</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Kingway Hotel</i>		e. STREET ADDRESS (If rural, give location) <i>128 Kingway Highway, West St. Louis, Mo.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ben</i>		b. (Middle) <i>J.</i>		c. (Last) <i>Arnoldy</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>June 2, 1954</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>July 2, 1884</i>		9. AGE (In years last birthday) <i>70</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Probate Court</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Pilot Knob Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>0</i>		13a. FATHER'S NAME <i>Chas. L. Arnoldy</i>		13b. MOTHER'S MAIDEN NAME <i>Nannie Schutte</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <i>No</i>		16. SOCIAL SECURITY NO. <i>330-10-8061</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Roland Arnoldy Syracuse N. Y.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <i>Myocarditis</i>			
		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 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? <i>4201</i>		22. I hereby certify that I attended the deceased from <i>Oct 7, 1952</i> to <i>June 2, 1954</i> , that I last saw the deceased alive on <i>April 1, 1954</i> , and that death occurred at <i>8:30 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. J. Smith</i>		23b. ADDRESS <i>M. O. 701 - Oliv.</i>		23c. DATE SIGNED <i>7-1-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 7/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Charles, Rock Rd. Mo</i>		DATE REC'D BY LOCAL REG. <i>JUN 7 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MO Bull-Campbell Mortuary, 5165 Delmar</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		(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.....
Signature of Student Embalmer

Signed.....
Rex E Campbell

Licensed Embalmer No. *388*

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