

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31553**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY St Francois		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) OR TOWN Bonne Terre		c. CITY OR TOWN Lemay	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		e. STREET ADDRESS (If rural, give location) 247 Bauman Ave. 4860	
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) Allen	
		c. (Last) Arendell	
4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1954			
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1927
9. AGE (In years last birthday) Months Days Hours Min. 27 3 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Operator	
10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chemical		11. BIRTHPLACE (City and State or Foreign Country) Tamaroa, Illinois	
12. CITIZENRY OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Roy David Arendell		13b. MOTHER'S MAIDEN NAME Florence Fischer	
14. NAME OF HUSBAND OR WIFE Elizabeth Dale Arendell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes U S Navy		16. SOCIAL SECURITY NO. 332-22-4225	
17. INFORMANT'S SIGNATURE OR NAME Mrs Roy Arendell		ADDRESS Lemay, Mo.	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion about 1 1/2 hrs.	
		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (c) Verdict Coroners Jury" We the jury find this mans death due to reckless driving."	
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Public Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1, 1954 7:25 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? overturning of			
22. I hereby certify that I attended the deceased from Oct 1, 1954 , to Oct 1, 1954 , that I last saw the deceased alive on Oct 1, 1954 , and that death occurred at 8:54 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alvan G Karaker M.D.		23b. ADDRESS FARMINGTON, Missouri	
23c. DATE SIGNED Oct 4, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/5/54	
24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. Oct. 4, 1954		REGISTRAR'S SIGNATURE Father Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Fun'l Home		ADDRESS 7420 Michigan St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

6948

OCT 2

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 *Paul K. Hufal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.