

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9314

State File No.

FILED MAR 18 1955

1855

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 Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		12. STREET ADDRESS (If rural, give location) Embassy Apts 530 N. Union			
3. NAME OF DECEASED (Type or Print) Judge Glendy		a. (First) Burke		b. (Middle) Arnold	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Jan. 30, 1875		9. AGE (In years last birthday) 80yrs		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Judge St. Louis Probate Court		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Frankfort, Ky.	
13a. FATHER'S NAME Rev. Thomas N. Arnold		13b. MOTHER'S MAIDEN NAME Frances Pugh		14. NAME OF HUSBAND OR WIFE Cora Connett Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-36-7236		17. INFORMANT'S SIGNATURE OR NAME Mr. Wm. C. Connett IV ADDRESS 5277 Lindell	
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) Acute bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of the prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days. 5 years.
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	
22. I hereby certify that I attended the deceased from Sept. 1953 , to Feb. 25, 1955 , that I last saw the deceased alive on Feb. 25, 1955 , and that death occurred at 11:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Augustine Jones, M.D.		(Degree or title)		23b. ADDRESS 634 N. Grand St. L.	
23c. DATE SIGNED 2-27-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Feb. 28, 1955	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) St. Louis Co., Mo.		(State)	
DATE REC'D BY LOCAL REG. FEB 28 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar	

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

Dr August Jones
634 N Grand Je 3-1676
9767 Conway Ny 1-1486

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 *Jos. E. McCulloch*

Licensed Embalmer No. *276*

P. Q. Address *61702*

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.