

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6083

State File No. _____

1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 714

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>3636 Page 21170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3636 Page</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>Arnold</u>	c. (Last) <u>Arnold</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 3, 1863</u>	9. AGE (In years last birthday) <u>92</u>	10. UNDER 1 YEAR <u>7</u>	11. UNDER 10 HRS. <u>13</u>
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10a. USUAL OCCUPATION (If engaged in work during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nashville, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Neridith Arnold</u>	13b. MOTHER'S MAIDEN NAME <u>Jessy</u>	14. NAME OF HUSBAND OR WIFE <u>Wilkerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or for unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-01-6051</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loretty Hunter-3636 Page</u>	ADDRESS <u>3636 Page</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Chronic Myocarditis</u>		
	DUE TO (b) <u>Senility</u>		
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 <u>422.2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 8-4, 1955, to 1-16, 1956, that I last saw the deceased alive on Jan. 16, 1956, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.W. Wilkerson</u> (Degree or title)	23b. ADDRESS <u>4141 Pine Blvd</u>	23c. DATE SIGNED <u>1-18-56</u>
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24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>Amund</u>	24b. DATE <u>Jan 23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JAN 21 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Koeue</u>	ADDRESS <u>1221 N Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

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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 *Malvin Blackman*

Licensed Embalmer No. *396*

P. O. Address *1221 N 9th*

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.