Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-018897
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5032

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital # 1 — Length of stay in 1b: 70 Years | d. STREET ADDRESS (If outside city, give location) Hamilton Medical Center, 956 Hamilton ~~& Maple~~ Aves., — Reside on Farm Yes [ ] No [X] |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: ARTHUR | Middle: B. | Last: ARNDT | 4. DATE OF DEATH Month: May Day: 24th Year: 1959 | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: Sept. 7th, 1884 | 9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shoeworker | 10b. KIND OF BUSINESS OR INDUSTRY: Shoe | 11. BIRTHPLACE (City and state or country): Staunton, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME: Charles Arndt | 13b. MOTHER'S MAIDEN NAME: Caroline Langenwich | 14. NAME OF HUSBAND OR WIFE: None | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT: George M. Wagner, Address: 4833 Sacramento Ave., 15. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Vascular Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 334X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at 310 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick Taylor (Degree or title) Coroner 3 — 22b. ADDRESS 1300 Clark — 22c. DATE SIGNED 5-25-59

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: 5-26-59 | 23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery | 23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri — ADDRESS: 4828 Natural Bridge Blvd., | | 25. DATE RECD. BY LOCAL REG.: MAY 25 '59 | 26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJB |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.