

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D APR 11 1939

10138
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 296
 (c) City St. Joseph, (d) Street No. 2312 North 2nd. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 76 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 36 yrs. mos. ds.

2. PRINT FULL NAME

Mary Charpentier Arnhold,

(a) Residence, No. 2312 North 2nd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Arnhold,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 8, 1850,
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 2 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Alsace 7
 (STATE OR COUNTRY) France,

FATHER 13. NAME Alphonse Charpentier 7
 14. BIRTHPLACE (CITY OR TOWN) Unknown, 7
 (STATE OR COUNTRY) France,

MOTHER 15. MAIDEN NAME Josephine Lutz,
 16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) France,

17. INFORMANT Mrs. A.P. Fishman
 (ADDRESS) 3124 Gene Field Road,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Mich. 22nd, 1939

19. FUNERAL DIRECTOR (NAME) Katon - Beyer, & Co.
 (ADDRESS) 319 So. 10th. Str. St. Joseph, Mo.

20. FILED Mar 22 1939 A. J. Neel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20th, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to March 20, 1939
 I last saw him live on March 20, 1939. Death is said to have occurred on the date stated above, at 6:35 m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerotic general, myocardial degeneration, chronic interstitial nephritis

Date of onset
7
3
3

Other contributory causes of importance: 131
Cardiac decompensation 3-12-39

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) A.P. Senon, M. D.
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

98259

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, Nov 20, 19

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

W. E. Linn

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th, St. Louis

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 this body is not embalmed, above space should be left blank.