DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42073

Registration District No. 701 Primary Registration District No. _____ Registrar's No. 11196

1. PLACE OF DEATH: 1003 1

(a) County _____

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 HOURS (Specify whether years, months or days) In this community _____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town Belle NR
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME FRANK ARENDALL 653

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March (Month) 1 (Day) 1895 (Year)

8. AGE: Years 44 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Bland (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Merchant

11. Industry or business 0

MOTHER FATHER

12. Name James Arendall 0

13. Birthplace Iberia (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Nella Gardner

15. Birthplace Iberia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Arthur Arendall

(b) Address Belle, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/30/39 (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) DEC 29 1939 (Date received local registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 28 year 1939 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 25, 1939, to DECEMBER 28, 1939; that I last saw him alive on DECEMBER 28, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA DUE TO	UNCERTAIN
ANEURIA DUE TO	UNCERTAIN
Due to ACUTE HEMORRHAGIC NEPHRITIS.	UNCERTAIN
Due to HEMOLYTIC STREPTOCOCCUS SEPTICEMIA	UNCERTAIN
Other conditions (Include pregnancy within 3 months of death) (1) POTTS DISEASE - SPINE (2) DUODENAL ULCER	UNCERTAIN

Major findings: Of operations NONE

Of autopsy NONE

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: NO.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Henry E. Oppenheimer (M. D. or other) 2nd

Address 1325 SOUTH GRAND BLVD Date signed 12/28/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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