No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26749

Registration District No. 791 FILED SEP 25 1940

Primary Registration District No. 1003

Registrar's No. 6645

1. PLACE OF DEATH:

(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: City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2829 Carson Road.
(If rural, give location)

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

3. (a) PRINT FULL NAME STEPHEN R. ARNOLD. 654

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Arnold.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 17, 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	17	hr. min.

9. Birthplace Versalles, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (Store Keeper)

11. Industry or business Confectionary

FATHER
12. Name Dont Know.
13. Birthplace Dont Know. 210
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Robinson.
15. Birthplace Versalles, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Arnold.
(b) Address 2829 Carson Road.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-1940.
(Month) (Day) (Year)
(c) Place: burial or cremation ~~Zions Cemetery.~~ Concordia

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) AUG 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 Rd.
year 1940. hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage due to Basal Skull Fracture and Laceration of spleen suffered when struck by Chevrolet Truck Driven by one Leonard Le Fever in front of about 1525 Chouteau about 920 A.M. July 31-1940

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

Of autopsy Accident

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8/1/40
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry (M. D. or other)
Address Deputy Coroner Date signed 8/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David E. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address: 5966 Easton Ave St

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.