

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31828

State File No.

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 35

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME LOUIS M. ARNOLD

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GRACE ARNOLD 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased MARCH 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 13 hr. min.

9. Birthplace KIMMSWICK MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name MICHEL ARNOLD
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARETE SCHWARTZ
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant GRACE ARNOLD
(b) Address KIMMSWICK MO R.R. 2

17. (a) BURIAL (b) Date thereof OCT 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOSEPH CEMETRY

18. (a) Signature of funeral director HEINIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO R.R. 2

19. (a) SEP 30 41 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Near Kimmswick Mo
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from July 18, 1940 to Sept. 28, 1941
that I last saw him alive on Sept. 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 wks.

Due to Chr. glomerular nephritis + Interstitial Nephritis 2-10 yrs.

Due to Arterial Hypertension " "

Other conditions Severe Diabetes mellitus 1-2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy 61 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)

(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?

While at work? (Specify type of place) (e) Means of injury 1

23. Signature Morris T. Morrison, M.D. (M.D. or other)

Address Kimmswick, Mo. Date signed 9-30-41

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, only

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

Signed

Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmanick MD

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.