

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Her Rister  
42854  
State File No.

DEC 29 1941

Registration District No. 157

Primary Registration District No. 3036

Registrar's No. 220

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1504 N. Fifth Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

George L. Arnold

3. (b) If veteran,

name war No

3. (c) Social Security

No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive Not known years  
7. Birth date of deceased June 13 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 15 hr. min.

9. Birthplace St. Louis City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business.

MOTHER FATHER { 12. Name Richard Stephen Arnold  
13. Birthplace Spencer, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances E. Stoner  
15. Birthplace Oakley, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Susie Mcintosh  
(b) Address 3718 Warwick - Kansas City, Mo.

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

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director H. C. Hallmeyer & Sons Co.  
(b) Address 800 N. Second, St. Charles, Mo.

19. (a) Nov. 29, 1941 (b) Clarence H. Wessler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1504 N. Fourth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 12  
1941, to Nov 28, 1941,  
that I last saw h. 12 alive on Nov. 28, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration 1 month  
Due to Carcinoma of prostate 5/12/41

Due to \_\_\_\_\_  
Other conditions generalized arteriosclerosis 5 yrs?  
(Include pregnancy within 3 months of death)

Major findings: Of operations 518 PHYSICIAN  
Of autopsy \_\_\_\_\_ 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 \_\_\_\_\_  
23. Signature George Stark (M. D. or other) MD  
Address St. Charles, Mo. Date signed 12/1/41

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**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..... *John E. Dallmeyer*

Licensed Embalmer No. *2957*

P. O. Address *St Charles 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 this body is not embalmed, fact should be so stated above.**