

STANDARD CERTIFICATE OF DEATH 03

State File No. \_\_\_\_\_

FILED JUN 2 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4423

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution General G. Phelps Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 2 hours  
(Specify whether  
In this community 22 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 2/1/9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1919a Biddle St.  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARNOLD, LEE, MARTIN

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

4. Sex Male 2 5. Color or race Cal 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year) 1919

7. Birth date of deceased July (Month) 14 (Day) 1919 (Year)  
8. AGE: Years 22 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Martin  
13. Birthplace Palmer Ala (City, town, or county) (State or foreign country)  
14. Maiden name Mattie Dunham  
15. Birthplace Montgomery Ala (City, town, or county) (State or foreign country)

16. (a) Informant Andrew Martin

(b) Address 1919a Biddle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W. Richardson

(b) Address 2675 Blyden

19. (a) MAY 20 1942 (Date received local registrar) J. F. Medek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 16th year 1942 hour 5 minute 50 P.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 Pulmonary Tuberculosis. Duration \_\_\_\_\_

Due to 13  
Due to 13

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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) (or) Means of injury 2

23. Signature W. Richardson (M. D. or other) \_\_\_\_\_

Address 10 Blyden Date signed 5/30/42

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

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17  
9

**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

*A. Richardson*

Licensed Embalmer No. *2928*

P. O. Address

*2625 Glasgow*

**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.**