

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

41083

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 42

FILED JAN - 9 1942

Primary Registration District No. # 4251

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

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1. PLACE OF DEATH

(a) County Jefferson

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Arnold

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1942 hour 6:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 33 to Dec 25 1942
that I last saw him alive on 12-25-42 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased February 9 1860
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis

Due to _____

Due to Senility

Other conditions (include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day

82 10 16 hr. _____ min.

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

10. Usual occupation Retired Grocery

11. Industry or business _____

12. Name Laverne Arnold

13. Birthplace Alsace Lorain Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heintz

15. Birthplace Marville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Flora M. Arnold

(b) Address Kennett Mo.

17. (a) Burial (b) Date thereof Dec. 28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Kennett Mo.

18. (a) Signature of funeral director H. S. Jumper

(b) Address Festus Mo.

19. (a) 12/26/42 (b) Ch. Clement
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature O. Reich (M.D. or other) _____
Address Kennett Mo. Date signed 12/26/42

1206 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. H. Wenzel

Licensed Embalmer No.....

3010

P. O. Address.....

Festa Road

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.