V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22746

Registrar's No. 6230

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: City Infirmary

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

(d) Length of stay: In hospital or institution: Two Days

In this community: 37 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

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

(d) Street No.: ~~5800 Arsenal Street~~ Rock Hospital (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) NR

If yes, name country

3. (a) PRINT FULL NAME: ARNOLD, Charles

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: DIVORCED

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 22 (Day) 1879 (Year)

8. AGE: Years 63 yrs. Months 11 Days If less than one day hr. min.

9. Birthplace: Camden, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Steel Worker

11. Industry or business:

FATHER
12. Name: Charles Arnold
13. Birthplace: ?????? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Catherine ??????
15. Birthplace: ??????? (City, town, or county) (State or foreign country)

16. (a) Informant: D. E. Basso
(b) Address: 5800 Arsenal St.,

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: July 10 43 (Month) (Day) (Year)
(c) Place: burial or cremation: St Matthews

18. (a) Signature of funeral director: Guy Mullen
(b) Address: 5041 Delmar

19. (a) JUL 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 21, 1943 to July 3, 1943 that I last saw him alive on July 2, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cor Pulmonale	
Due to: Asthma (Chronic)	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Obsescent pulmonary tuberculosis.	

Major findings:
Of operations:
Of autopsy: Mod. cardiac hypertrophy, Mod. arteriosclerosis

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: A. J. Herrmann (M. D. or other) MD
Address: City Infirmary Date signed 7/7/43

(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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.