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2-43
7-39
K3527

State File No. _____
Registrar's No. 215

FILED JUN 7 1944
308

Registration District No. _____ Primary Registration District No. 6048

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Peters, rural Mo.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

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

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

3. (a) PRINT FULL NAME Christina Arnold

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from
June 1937, to May 11 1944
that I last saw her alive on May 10 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 17 1857
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 1 mo.

Due to Atherosclerosis 10 yrs.

Due to Myocarditis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 86 Months 9 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation housework

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Jacob Arnold

13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Eva Hunn

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

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 Nicholas J. Ronch (M. D. or other) _____
Address O'Fallon, Mo Date signed 5/13/44

16. (a) Informant Minne Arnold

(b) Address St. Peters, Mo.

17. (a) St. Peters, Mo (b) Date thereof 5-15-44
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo. Stappeler
Geo. Stappeler
St. Peters, Mo.

(b) Address _____

19. (a) 5/14/44 (b) B. A. Kuttner
(Date received local registrar) (Registrar's signature)

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

6042

St. Louis, Mo. 63101

District Health Officer No. 9

District File Number

Date Filed 6-6-44

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

E. Keithly

Licensed Embalmer No.

822

P.O. Address

Tallow

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.