S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22804

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6422

1. PLACE OF DEATH:

(a) County

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 97

(d) Street No. 4956 Rodalie Str (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pearl Arnold

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harvey A. Arnold

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 26, 1900 (Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Autry

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

MOTHER 14. Maiden name Margaret Campbell

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

16. (a) Informant Harvey A. Arnold

(b) Address 4956 Rosalie Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant Ave

19. (a) JUL 21 1944 (Date received by local registrar) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 19, 1943 to 7/19 1944 that I last saw h. alive on 7/19 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 mo
Due to Chronic Hypertension	1 yr.
Due to Nephritis	1 yr.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. O. Pegler (M. D. ~~or other~~)

Address 2605 So Jefferson Date signed 7/19/44

(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. 2971

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.