

FILED NOV 19 1945

Registration District No. 318

Primary Registration District No. 1006

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2125 Cherokee /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2125 Cherokee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Emma A. 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 Widowed

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

7. Birth date of deceased February 14, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 24 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Johannes Koch

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

14. Maiden name Wilhelmina Lenk

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

16. (a) Informant Mr. Martin Arnold

(b) Address 2125 Cherokee

17. (a) Burial (b) Date thereof 11/10/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc

(b) Address 1936 St. Louis Avenue

19. (a) NOV 9 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7,
year 1945 hour 8:45 minute. A. M.

21. I hereby certify that I attended the deceased from Sept. - 10th 1945 to November 7th 1945
that I last saw her alive on November 7th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Mitral Regurgitation Heart 5 yrs.

Due to Chronic Myocarditis - 5 yrs.

Due to Senile Dementia - 2 yrs.

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) (e) Means of injury.....

23. Signature Albert B. Eisbath (M. D. or other)

Address 3606 Grandis Ave. Date signed 11-8-45

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

MOTHER FATHER

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 Delia J. Krupski

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.