

**FILED APR 3 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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: **CITY ISOLATION HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3/22/46 to 3/29/46** (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS MO.** (If outside city or town limits, write "RURAL") **227**  
(d) Street No. **2303 EUGENIA ST** (If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **18**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **WILLIAM ARNETT**

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

4. Sex **MALE 2** 5. Color or race **COLORED** (a) Single, widowed, married, divorced **W**

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

7. Birth date of deceased **UNKNOWN**  
(Month) (Day) (Year)

8. AGE Years Months Days If less than one day  
**abt-67** ? ? hr. min.

9. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **NIL**

11. Industry or business \_\_\_\_\_

12. Name **ELIJAH ARNETT**

13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country) **7**

14. Maiden name **UNKNOWN** (City, town, or county) (State or foreign country) **9**

15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **CITY INFIRMARY RECORDS**

(b) Address **5800 ARSENAL ST**

17. (a) **Burial** (b) Date thereof **4/4/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Home**

18. (a) Signature of funeral director **J. F. Bredeck**

(b) Address **3512 Reelock Ave**

19. (a) **APR 2 1946** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR**, day **29**, year **1946** hour **2** minute **45 AM**

21. I hereby certify that I attended the deceased from **10/18 1945** to **3/29 1946**  
that I last saw him alive on **3/29 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**  
**② Bronchopneumonia**

Due to **Chronic nephritis**  
Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) **12/1**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **J. F. Bredeck** (M. D. or other) **Isolation Hosp** Address Date signed **3/29/46**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

9780

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.....

Melvin Edward Green, Registered Apprentice No. 383  
working under my personal supervision.

Signed

M. E. Green

Licensed Embalmer No.

1173

P. O. Address

3517 S. Colorado Ave.

**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.**