

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 3 1946 STANDARD CERTIFICATE OF DEATH

22159

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1001

1. PLACE OF DEATH

(a) County St. Louis MO
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1306 Cole Dr.
(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

3. (a) PRINT FULL NAME

ARNIE DAMSON

3. (b) If veteran, name and

3. (c) Social Security No.

4. Sex FEMALE (5) Color NEGRO
race

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 41 1/2

7. Birth date of deceased (Month) (Day) (Year) AM 1906

8. AGE Years Months Days If less than one day min.
40

9. Birthplace (City, town, or county) (State or foreign country)
link MO

10. Usual occupation Housewife

11. Industry or business link

12. Name link

13. Birthplace (City, town, or county) (State or foreign country)
link 9

14. Maiden name link

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

16. (a) Informant Dr. T. Callanan
(b) Address 1300 Clark St.
Anatomical Bldg.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
link 7-46

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ruggs

19. (a) JUN 27 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) State MO (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 Cole Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1946 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Chronic Interstitial Nephritis;
W. M. A.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131 a

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?

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature W. Richter (M. D. or other) 3
Address 3500 Ruggs Date signed 6/7/46

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.