

FILED MAY 29 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18567**
Registrar's No. **5075**

Registration District No. _____ Primary Registration District No. **1003**

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: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
In this community **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3852 Humphrey**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CORNELIUS U. ARNOLD**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **49-87-2366**

4. Sex **Male** 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 **October 17 1904**
(Month) (Day) (Year)

8. AGE: Years **42** Months **7** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Indianapolis Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sales Manager**
11. Industry or business **Laclede Stoker Co.**

MOTHER FATHER { 12. Name **Udolpho S. Arnold Sr.**
13. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Rose Wark**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Donald Arnold**
(b) Address **3852 Humphrey**

17. (a) **Burial** (b) Date thereof **May 21, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Beiderwieden F.H., Inc.**
(b) Address **1936 St. Louis Ave.**

19. (a) **MAY 21 1947** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **18**
year **1947** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **3-28-47** to **5-18-47**
that I last saw him alive on **5-17-47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arterio Sclerotic Coronary
Due to **Thrombosis with**
Myocardial infarction
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN **JH**
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? _____

23. Signature **Carl P. Re...** (M. D. or other) _____
While at work? _____ (Specify type of place) _____
(b) Means of injury _____
Address **Humboldt Bldg** Date signed **5-19-47**

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

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..... *Glen W. Haly*

Licensed Embalmer No..... *3737*

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.