

No. 2
-1/47
-17-39

7285

FILED MAR 8 1948

State File No.

Registration District No. 379

Primary Registration District No. 3069

Registrar's No. 509

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1203 Sunset Dr.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town Richmond Hts.
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1203 Sunset Dr. 3
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELLA ARNOLD

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1948 hour 6:30 minute A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Frank X.

6. (c) Age of husband or wife if alive 4 years (Day) (Year) 1864

7. Birth date of deceased: April 4 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 1946 to 2-21 1948
that I last saw her alive on 2-21 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>17</u>br.....min

Immediate cause of death Thrombosis of cerebral artery & softening. 5 day
Due to Cerebral arteriosclerosis
Due to 83

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

10. Usual occupation Housework

Other conditions none
(Include pregnancy within 8 months of death)

11. Industry or business.....

12. Name John Buchanan

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

14. Maiden name Mary McCinnis

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

Major findings: none

Of operations.....

Of autopsy none

16. (a) Informant Arthur Arnold
(b) Address 1203 Sunset Dr.

17. (a) Burial (b) Date thereof 2-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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.....

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 2-23-48 (b) Carl J. Hammond
(Date received local registrar) (Registrar's signature)

23. Signature John Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 2/21/48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JUL 30 1958

Mr. Theodor Berg

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.