

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

28448

FILED SEP 7 1948

Registration District No.

Primary Registration District No.

3076

Registrar's No.

3056

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Fenton, Missouri

(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Richard L. Arnold

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

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 April 6, 1929 (Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Birthplace Missouri (City, town, or county) (State or foreign country)

Usual occupation Student

Industry or business \_\_\_\_\_

12. Name Dr. R. J. Arnold

Birthplace Missouri (City, town, or county) (State or foreign country)

Maiden name Loretta A. LOWEY

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

Informant Mrs. Ruth Leslie

Address 6128 Marwinette

Burial (Burial, cremation, or removal) (b) Date thereof 9/2/48 (Month) (Day) (Year)

Place: burial or cremation Sunset Burial Park

(a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) 8-30-48 (Date received local registrar) (b) Carol A. Chapman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 6128 Marwinette (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ 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 fractures of face and skull; operating plane which collided with another plane and crashed into Meramec River.

Due to 173

Other conditions (Include pregnancy within 3 months of death) 34

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

Of autopsy As above

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 29, 1948

(c) Where did injury occur? Fenton, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Meramec River

(Specify type of place) Blunt im-

While at work? Yes (e) Means of injury Car

Signature Arnold J. Williams (M.D. or other) Carlin

Address Dayton, Mo. Date signed 9/2/48

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

can be used for other purposes

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**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of ST. LOUIS } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 21 day of SEPT, 1948, before me appears DR. RICHARD J. ARNOLD, who, upon HIS oath, states that the original record of birth death for RICHARD LEE ARNOLD died AUG. 29, 1948, in the State of Missouri, and which was filed at Clayton Mo on 8-30, 1948, should be corrected as follows:

Item No. 7 should read APR. 6. 1930

Instead of April 6, 1929

Item No. 8 should read 18 YEARS 4 MONS 23 DAYS

Instead of 19 yrs 4 mos 23 days.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Richard J. Arnold Father  
Relationship.

422 WILMINGTON AVE  
Present Address.

Subscribed and sworn to before me this 21 day of September, 1948.

My Commission expires July 28, 1950 Fred Crawford Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

28448

*[Faint handwritten notes at the bottom of the page]*

100-443884

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*[Handwritten signature]*