

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital 3
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3: (a) PRINT FULL NAME Arnold T. McMath
3: (b) If veteran, No name war. 3: (c) Social Security No. 244-01-1485

4. Sex Male D 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 June 19 1896 (Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Ransour N. Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Clerk
11. Industry or business U.S. Government

MOTHER FATHER
12. Name James A. McMath
13. Birthplace Siler City N. Carolina (City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Turner
15. Birthplace Liberty N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Kelley
(b) Address 4300 Goodfellow Ave.
17. (a) Removal (b) Date thereof 9-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ransour, N.C.

18. (a) Signature of funeral director Albert H. Hoppe Home
(b) Address 4700 Washington Blvd.

19. (a) SEP 8 1948 (b) J. J. Moseck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bond
(c) City or town St. Louis
(d) Street No. 5067 Enright Ave. 12
(e) Citizen of foreign country? (Yes or No) If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Sept. day 8 year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Coronary Sclerosis
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. Reginald J. Perry (M. D. or other) Date signed 9/8/48
Address 121 Calhoun

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

DEC 91 1948

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 Isig W Wilkerson
- - Licensed Embalmer No. 3575
. . P. O. Address St Louis Mo

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.