

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

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318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 10018

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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)

In this community _____

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. 4904 Euclid Terrace
Memorial 12
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME RAYMOND ARROW

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male (M) 5. Color or race White

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

6. (b) Name of husband or wife Viola Arrow

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 21 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Foreman-City Water Dept.

11. Industry or business _____

12. Name Frank Brice Arrow

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

14. Maiden name Alice Alanson

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

16. (a) Informant Viola Arrow

(b) Address 4904 Euclid Terrace
Memorial Park

17. (a) (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 18 1948 J. B. Deuster
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10/22/48
to Nov. 17th, 19 48

that I last saw him alive on Nov. 17th, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cocaine of the lung
the myocardium

Duration _____

Due to _____

Due to _____

Other conditions H7
(Include pregnancy within 3 months of death)

Major findings: Cocaine of the lung
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) Means of injury

23. Signature J. B. Deuster 1515 Lafayette 11/17/48
(Date received local registry) (Address) (Date signed)

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

MOTHER FATHER

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

Oliver G. Padwell

Licensed Embalmer No.....

4077

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.