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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41647  
State File No. \_\_\_\_\_  
Registrar's No. 11312

FILED JAN 11 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1005

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

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 202 N. Jefferson  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 202 N. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John McArthur

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH Month Dec day 13  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

MEDICAL CERTIFICATION

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma  
Time, Face, Queer and

Due to MARNER H. LAWE GOLD  
MD

Other conditions Open Verdict  
(Include pregnancy within 3 months of death)

Major findings: Open Verdict  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

4. Male 5. Color of race W  
6. (a) Single, widowed, ~~married~~, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive 44 1/2 years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE 44 1/2 years  
Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name McArthur

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant John McArthur

(b) Address \_\_\_\_\_

17. (a) Anatomical Board Date there of DEC 31 1948  
(Burial, cremation, or other disposition) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester St.

19. (a) DEC 31 1948 (b) J. B. Losala  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 12/13/48

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place)

While at work? no (Specify type of place) Means of injury fall

23. Signature John McArthur (M. D. or other) \_\_\_\_\_

Address 202 N. Jefferson Date signed 12/14/48

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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 Ralph W. Henson  
Licensed Embalmer No. 3791  
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.**