

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH38387
State File No. _____

FILED NOV 16 1949

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 206	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon, Mo. rural, Dardenne			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) west of City limits			
3. NAME OF DECEASED (Type or Print) Philomena (Minnie) Arnold		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Nov. 6 1949		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept. 9, 1870	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Peters, Mo.	
12. CITIZEN OF WHAT COUNTRY? no		13a. FATHER'S NAME Jacob Arnold		13b. MOTHER'S MAIDEN NAME Eva Humm		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Augusta Conoyer, St. Peters, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) genl arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) hypertensive cardiac vasculature. 2) fracture of hip				INTERVAL BETWEEN ONSET AND DEATH 3 da. 10 yrs. E90 1/2" 5 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SLIPPED HOME		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) O'Fallon 4th St Charles Mo		21f. HOW DID INJURY OCCUR? fell while walking in room	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-24-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan 19 1/2 , to 6 Nov , 1949, that I last saw the deceased alive on 5 Nov , 1949, and that death occurred at 4 30 m., from the causes and on the date stated above.			
23a. SIGNATURE Lawrence G Behrman MD		(Degree or title)		23b. ADDRESS O'Fallon Mo		23c. DATE SIGNED 7 Nov 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY All Saints, St. Peters, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11-9-49		REGISTRAR'S SIGNATURE Frankie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Stepien		ADDRESS St. Peters, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,

RECEIVED
NOV 12 1919

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. O. Keithly

Signed _____

Student Embalmer

Licensed Embalmer No. *882*

P. O. Address *Ofallon 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.