

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38472

State File No.

BIRTH NO. #98576 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10353

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1.</i>		d. STREET (If rural, give location) <i>1430 N. 19th st</i>	
3. NAME OF DECEASED a. (First) <i>VERDICK</i> b. (Middle) c. (Last) <i>ARNOLD</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 30th, 1949</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Jan 13 1869</i>
9. AGE (In years last birthday) <i>80</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>ret</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>ret</i>
11. BIRTHPLACE (State or foreign country) <i>Caldwate, Kentucky</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Erik Arnold</i>		13b. MOTHER'S MAIDEN NAME <i>Victoria Ahren</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Thelma Reed 1430 N. 19th st</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Infarction of Myocardium</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>940</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>H.A.I.</i>		22. I hereby certify that I attended the deceased from <i>11/27/49</i> , 19___, to <i>11/30/49</i> , 19___, that I last saw the deceased alive on <i>11/30/49</i> , 19___, and that death occurred at <i>5:25am.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>John W. Murphy M.D.</i> (Degree or title)		23b. ADDRESS <i>1515 Lafayette Ave.,</i>	
23c. DATE SIGNED <i>11/30/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>12-2-49</i>	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <i>Trudman Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central Funeral Home 1841 Cass</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Dec 1 1949 J. B. Fasalar</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Central Funeral Home 1841 Cass</i>	

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

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.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.