S. No. 300
v. 10.48

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15245

BIRTH NO. 31862-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 915

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights, MO
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE St Louis
b. COUNTY 4220
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 23 2819a St Vincent
d. STREET ADDRESS (If rural, give location) St Louis Mo

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Arnzen c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 8 1950

5. SEX M O

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant D

8. DATE OF BIRTH

9. AGE (In years last birthday) If under 1 year: Months Days; If under 24 hrs.: Hours 1 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Louis County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred Arnzen

13b. MOTHER'S MAIDEN NAME Evylen Spurlock

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Alfred Arnzen ADDRESS 2819a St Vincent

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral anoxia due to

DUE TO (c) tight umbilical cord

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. about neck of baby

INTERVAL BETWEEN ONSET AND DEATH: prior to birth and at birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 761.0

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth 4-8 1950, *to* 4-8, 1950, *that I last saw the deceased alive on* 4-8, 1950, *and that death occurred at* 4:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Erwin T. Huber, MD

23b. ADDRESS Mo Theatre Bldg

23c. DATE SIGNED 4-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial D

24b. DATE April 8/50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Lepold, Missouri

DATE REC'D BY LOCAL APR 8 1950

REGISTRAR'S SIGNATURE Herbert R. Dombe, MD

25. FUNERAL DIRECTOR'S SIGNATURE Ted Fendler ADDRESS 7420 Michigan

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed V E Morris

Signed _____
Student Embalmer

Licensed Embalmer No. 3360

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.