

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21333**  
Registrar's No. **5006**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5006</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2818 Mt. Pleasant</b>				d. STREET ADDRESS (If rural, give location) <b>2818 Mt. Pleasant</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>VIOLA</b>		b. (Middle) _____		c. (Last) <b>ARNOLD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 5 50</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>8-1-1897</b>	
9. AGE (to years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hwk</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Joseph Langmeier</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Vohradsky</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Arnold</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edna Langmeier 2818A Mt. Pleasant</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma of left ovary</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(Cancer)</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b> <b>3 mo</b>	
19a. DATE OF OPERATION <b>March 5-1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Sarcoma of left ovary with general metastasis</b>				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) <b>175X</b>			
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? <b>175X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 1, 1950</b> , to <b>June 5, 1950</b> , that I last saw the deceased alive on <b>June 4, 1950</b> , and that death occurred at <b>9:30P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. A. Walters M.D.</b>				23b. ADDRESS <b>3608 &amp; Grand St. Home 18 Mo</b>		23c. DATE SIGNED <b>6/5/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-8-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 7 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Coaster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moynell Funeral Home 1926 Allen</b>			

**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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Dale A. Straman

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.