

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34556

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8491

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>3mos.</u>		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>5515A Cabanne</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora Lee</u> b. (Middle) <u>Arnold</u> c. (Last) <u>Lee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 17, 1871</u>
9. AGE (In years last birthday) <u>79yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wm. C. Connett</u>		13b. MOTHER'S MAIDEN NAME <u>Perilla Leonard</u>	14. NAME OF HUSBAND OR WIFE <u>Glendy Arnold</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Judge Glendy Arnold 5515A Cabanne</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) <u>Cardiac Failure</u>			
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 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)	
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? <u>442X</u>	
22. I hereby certify that I attended the deceased from <u>10-18, 1943</u> , to <u>10-7, 1950</u> , that I last saw the deceased alive on <u>10-7, 1950</u> , and that death occurred at <u>2:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm B Kountz</u> (Degree or title)		23b. ADDRESS <u>7500 Olive</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Oct. 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cr ematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>OCT 9 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander E. Lane 6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Wm B Rowntz
4500 Olive
Fo 3800

1688

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 _____

Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 P. Elm

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.