

STANDARD CERTIFICATE OF DEATH

State File No. 5828  
Registrar's No. 1443

FILED FEB 23 1951

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) St Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) 2189  
OR TOWN St Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION 39th + Chouteau

11. STREET ADDRESS (If rural, give location) 11224 2d St Newstead

3. NAME OF DECEASED  
a. (First) Thomas b. (Middle) John c. (Last) Arnold

4. DATE OF DEATH (Month) (Day) (Year) 2-8-1951

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED \_\_\_\_\_

8. DATE OF BIRTH 3-12-1890 9. AGE (In years last birthday) 60

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

10b. KIND OF BUSINESS OR INDUSTRY Packing House

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

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Cora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or date of service) WW1

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME Cora Arnold ADDRESS 1224 2d St Newstead

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) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Pericary Occlusion  
DUE TO (c) Coronary Sclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) H-201

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

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Daniel B. Taylor, Coroner (Degree or title)

23b. ADDRESS 19000 Olive St

23c. DATE SIGNED 2-18-51

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

24b. DATE 2-12-51

24c. NAME OF CEMETERY OR CREMATORY National Cem

24d. LOCATION (City, town, or county) (State) Jefferson Barracks MO

DATE RECD BY LOCAL REG. FEB 1 1951

REGISTRAR'S SIGNATURE J B Foster

25. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ ADDRESS Rowland Mortuary Service Inc.

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

1443

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 Howard G. Rawlson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3114

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.