

FILED AUG 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27455

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Jefferson County 030				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Mo. Rock		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Arnold, 0.500			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #1.				d. STREET ADDRESS (If rural, give location) R.R. #1 0			
3. NAME OF DECEASED (Type or Print) Louise		a. (First)		b. (Middle)		c. (Last) Arnold	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 15, 1877	
9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Woestmann		13b. MOTHER'S MAIDEN NAME Gertrude		14. NAME OF HUSBAND OR WIFE Deceased	
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 Isadore Joseph Arnold, R.R. #1			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <i>Senility</i>				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) Arnold Jefferson Mo			
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 July 18, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 7:45 m., from the causes and on the date stated above.							
23a. SIGNATURE O Reich MD				23b. ADDRESS Himmawick Mo		23c. DATE SIGNED 8/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 3, 1951		24c. NAME OF CEMETERY OR CREMATORY Immaculat Conception		24d. LOCATION (City, town, or county) (State) Arnold, Mo.	
DATE REC'D BY LOCAL REG Aug 11 - 1951		REGISTRAR'S SIGNATURE Ruth Jura 438		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co. 7420 Michigan Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 8-14-51

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

Ronald D. Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.