

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43256

FILED JAN 10 1953

State File No. 11638  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</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> <b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4333 Laclede</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BRUCE</b>		b. (Middle) _____		c. (Last) <b>ARNOLD</b>	
4. DATE OF DEATH <b>NOVEMBER 13, 1952</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>JAN. 17, 1951</b>		9. AGE (in years last birthday) <b>1</b> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 YRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <b>Mildred Arnold</b>	
14. NAME OF HUSBAND OR WIFE <b>None</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. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningo myelocoele &amp; rupture and</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>meningitis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Hydrocephalus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr 10/2</b> <b>2 wks.</b> <b>1 yr 10/2</b>	
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? <b>751X</b>	
22. I hereby certify that I attended the deceased from <b>1-30-51, 19</b> to <b>11-13-52, 19</b> , that I last saw the deceased alive on <b>11-13-52, 19</b> , and that death occurred at <b>3:30P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. L. Smith MD</b>			23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>11-17-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>6</b>		24b. DATE <b>12-31-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>			
DATE REC'D BY LOCAL REG. <b>DEC 18 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		ADDRESS <b>Rowland Mortuary Service</b>	

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.