

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11173****2115**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri**

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis****2229**d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

d. STREET ADDRESS

(If rural, give location)

1465 LaSalle Lane**3. NAME OF DECEASED**
(Type or Print)

a. (First)

PAUL

b. (Middle)

ARNELL

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
February 24, 1953

5. SEX

Male

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
never married

8. DATE OF BIRTH

May 17, 1951

9. AGE (In years last birthday)

1IF UNDER 1 YEAR
Months**9**IF UNDER 24 HRS.
Hours**Mts.**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Charles Arnell

13b. MOTHER'S MAIDEN NAME

Lucille Wilkerson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Charles Arnell 1465 LaSalle Lane**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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Branchopneumonitis**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Probable aspiration**DUE TO (c) **Toxoplasmosis****II. OTHER SIGNIFICANT CONDITIONS**

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3d**2-4 d****life**

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)

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

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

122122. I hereby certify that I attended the deceased from **February 20, 1953**, to **February 24, 1953**, that I last saw the deceased alive on **February 24, 1953**, and that death occurred at **2:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE

Patricia Brennan M.D.

(Degree or title)

23b. ADDRESS

1515 Lafayette Avenue

23c. DATE SIGNED

2-24-5324a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE

2-25-53

24c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG.

FEB 24 1953

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Southern Funeral Home 6322 S. Grand Blvd

ADDRESS

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

David Alan Fossan

Licensed Embalmer No. 4242

P. O. Address 6252 S. Grand

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.