

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28751
Registrar's No. 7352

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Ferguson	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) Oak Knoll Nursing Home	

3. NAME OF DECEASED (Type or Print)	a. (First) TILLIE	b. (Middle)	c. (Last) ARNOLD	4. DATE OF DEATH (Month) (Day) (Year) AUG. 8 1954
-------------------------------------	--------------------------	-------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 25, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 5 MONTHS 14 DAYS	IF UNDER 24 HRS. 14 HOURS 14 MIN.
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At. Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME Benj. Levy	13b. MOTHER'S MAIDEN NAME Anna Beverstein	14. NAME OF HUSBAND OR WIFE John Arnold
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unk.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
--	--	-----------------------------------	---------

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) Arteriosclerotic Heart Disease with Decompensation		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 7 weeks 2 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) Diabetes Mellitus		
	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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
--	--	--

22. I hereby certify that I attended the deceased from **8/12** 19**53**, to **8/8** 19**54**, that I last saw the deceased alive on **8/8** 19**54**, and that death occurred at **2:45 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Wacker, M.D.	23b. ADDRESS 4020 N. Flourens	23c. DATE SIGNED 8/9/54
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/10/54	24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. AUG 9 1954 G.	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc.	ADDRESS 5216 Delmar
---	--	---	----------------------------

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

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 269

P. O. Address Stuyvesant

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.