

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **54L** Registrar's No. **720**

1. PLACE OF DEATH a. COUNTY St. Louis		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 town) Clayton		c. CITY OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) 20 Dys.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 421 S. Fillmore Ave	

3. NAME OF DECEASED a. (First) Benjamin b. (Middle) Harrison c. (Last) Arnold		4. DATE OF DEATH (Month) (Day) (Year) 3 25 55	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 29, 1891
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 10 Days 25 Hours 1 Min.	IF UNDER 1 YEAR Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckman		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and State or Foreign Country) Versilles Ky.
13a. FATHER'S NAME John Dudley Arnold		13b. MOTHER'S MAIDEN NAME Rachell Underwood	14. NAME OF HUSBAND OR WIFE Arvella Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 489-18-2594	17. INFORMANT'S SIGNATURE OR NAME Arvella Arnold	ADDRESS 421 S. Fillmore
--	--	---	--------------------------------

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) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Cerebral Hemorrhage)		
	DUE TO (c)		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-4**, 19**55**, to **3-25**, 19**55**, that I last saw the deceased alive on **3-25**, 19**55**, and that death occurred at **12:00P** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Cunt (Degree or title) M.D.	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 3-27-55
24a. BURIAL/CREMATATION/REMOVAL (Specify) Burial	24b. DATE Mar. 29. 55.	24c. NAME OF CEMETERY OR CREMATORY Father Dickson
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. 3/29/55	REGISTRAR'S SIGNATURE Heberle R. ...	25. FUNERAL DIRECTOR'S SIGNATURE John W. Hemphill	ADDRESS 408 S. Fillmore
---	---	--	--------------------------------

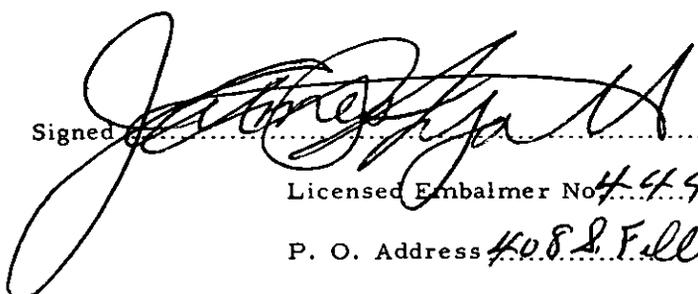
(Licensed Embalmer) (Signature on Reverse Side) **Kirkwood, 22. Mo.**

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. 444

P. O. Address 408 S. Full

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.