

2570

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

314

No. 300

10-48

FILED JAN 26 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 2 days		a. STATE Illinois		b. COUNTY			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				c. CITY OR TOWN Nashville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS (If rural, give location)				312 <sup>U</sup> 8					
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			
GEORGE			ARNSMEYER			c. (Last)			
4. DATE OF DEATH			a. (Month)			b. (Day)			
1-7-56			7			8			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-27-1883		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY self emp.		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Ill.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Arnsmeyer			13b. MOTHER'S MAIDEN NAME Julia Klie			14. NAME OF HUSBAND OR WIFE Edna Arnsmeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 304-28-9111			17. INFORMANT'S SIGNATURE OR NAME Burton Champion, 3551 Arden ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Tetanus; following removal of mole from back of deceased in					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Nashville, Illinois, on or					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION about Dec 21, 1955.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nashville Ill					
21d. TIME OF INJURY Dec 21 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 061x					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:35A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE James M Kelly			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-9-56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Nashville, Ill.			
DATE REC'D BY LOCAL REG. JAN 10 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Smith, Nashville, Ill.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Ben E. Hoffman*.....

Licensed Embalmer No. *430*.....

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