

IC-20 037 366
SL-18693

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003230

STATE FILE NUMBER

2 504

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JAN 28 1959

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Inside Limits Yes No

c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **915 N GRAND AVE. Veterans Hospital** Length of stay in 1b **15 DAYS** d. STREET ADDRESS (If outside, give location) **6803 NASHVILLE AVE.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) **EMMETT K. MC ARTHUR** First Middle Last

4. DATE OF DEATH **1/15/59** Month Day Year

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED NEVER MARRIED WIDOWED / DIVORCED 8. DATE OF BIRTH **4/24/88** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY **CIVIL SERVICE** 11. BIRTHPLACE (City and state or country) **DYNDALL, SO. DAKOTA** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **MARSHALL MC ARTHUR** 13b. MOTHER'S MAIDEN NAME **JESSIE COON** 14. NAME OF HUSBAND OR WIFE **CLARE MC ARTHUR**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT Address **VAH, 915 NO. GRAND AVE., ST LOUIS, M O.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **CEREBRAL VASCULAR ACCIDENT**
CEREBRAL ARTERIOSCLEROSIS
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b)
GENERALIZED ARTERIOSCLOROSIS 331X DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. **VA** attended the deceased from **12/31/58** to **1/15/59** and last saw him live on **1/15/59**
Death occurred at **9:45 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) **M.D.** 22b. ADDRESS **VAH, ST. LOUIS, MO.** 22c. DATE SIGNED **1/15/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **17-1-59** 23c. NAME OF CEMETERY OR CREMATORY **W. T. SNODGRASS, M.D. (OAK GROVE CEMETERY)** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **C.R. Lupton MVD Sons 7233 Delmar** 25. DATE RECD. BY LOCAL REG. **JAN 15 '59** 26. REGISTRAR'S SIGNATURE *[Signature]*

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*..... P. O. Address *St. Louis, Mo*.....

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.