

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Length of stay in 1b		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOMER G. PHILLIPS</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>4856 EASTON AVE</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>KENNETH</i> Middle <i>ARNOLD</i> Last				4. DATE OF DEATH Month <i>9</i> Day <i>23</i> Year <i>'60</i>						
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-4-59</i>	9. AGE (last birthday) <i>13</i>	IF UNDER 1 YEAR Months <i>3</i> Days	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>JOSEPH ARNOLD</i>			13b. MOTHER'S MAIDEN NAME <i>GLORIA NATHAN</i>			14. NAME OF HUSBAND OR WIFE <i>-</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT Address <i>GLORIA ARNOLD 4856 EASTON</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Intra cranial Hemorrhage</i> <i>Fractured Skull</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>902: 0</i> DUE TO (c) <i>21</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <i>Subject not within deceased fell from</i> <i>steps of front porch, to pavement below at 4856 Easton</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>				20f. CITY, TOWN, OR LOCATION <i>St Louis</i>	COUNTY <i>Mo</i>	STATE
20c. TIME OF INJURY Hour <i>9</i> a.m. p.m. Month, Day, Year <i>9 23 60</i>		20e. <i>Adverse all September 23, 1960.</i>								
21. I attended the deceased from <i>220A</i> to <i>220A</i> and last saw her/him alive on _____				Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Paul Johnson Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED <i>9/24/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>9-27-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FATHER DICKSON CEM.</i>		23d. LOCATION (City, town, or county) <i>ST. LOUIS COUNTY Mo.</i>			(State)		
24. FUNERAL DIRECTOR ADDRESS <i>Luke Jones 1343 N. GARRISON</i>				25. DATE RECD. BY LOCAL REG. <i>SEP 26 1960</i>		26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur L. Fleck

Licensed Embalmer No. 4221

P. O. Address 3100 Costar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.