MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6558 STATE FILE NUMBER 26538

FILED JUL 25 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
35				

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.
Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis, 37, Mo.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10030 Lilac Dr.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Richard Middle: Francis Last: Arnold
4. DATE OF DEATH Month: July Day: 14 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-5-61
9. AGE (last birthday)
IF UNDER 1 YEAR Months 2 Days 9 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
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Francis Arnold
13b. MOTHER'S MAIDEN NAME Florence Zurfluh
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT Address Francis Arnold - 10030 Lilac Dr

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
DUE TO (c) 754.5
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
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. I attended the deceased from 6-19-61, to 7-14-61 and last saw her/him alive on 7-14-61
Death occurred at 3:50A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Francis D. Sullivan M.D.
22b. ADDRESS Cardinal Glennon Hospital
22c. DATE SIGNED 7-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE July 15, 1961
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Missouri
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY ADDRESS 5967 West Florissant
25. DATE RECD. BY LOCAL REG. 7-14-1961
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

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 Not Embalmed
Wilfred F. Buchholz

Licensed Embalmer No. 4551

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.