

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003422

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 282

AMENDED

FILED JAN 19 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived, If institutional Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 year c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3815 Magnolia Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 3815 Magnolia Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Dan J Arnold 1 6 62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-6-01 9. AGE (last birthday) 60 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Richview, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jesse D. Arnold 13b. MOTHER'S MAIDEN NAME Mary Hugging 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) no 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Crew Arnold 6450 Oakland St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH ONE HOUR
 Conditions, if any, which gave rise to above cause (a) DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE ONE HOUR
 DURING THE UNDERLYING CAUSE LAST LIVING CAUSE LAST DUE TO (c) 420.D

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 JAN. 6, 1962 to JAN. 6, 1962 and last saw her alive on JAN. 6, 1962
 Death occurred at 3 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert A. Hall, M.D. 22b. ADDRESS 3902 LAFAYETTE ST. LOUIS, MO. 22c. DATE SIGNED JAN. 8, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-9-62 23c. NAME OF CEMETERY OR CREMATORY Richview Cemetery 23d. LOCATION (City, town, or county) (State) Richview, Washington, Ill.

24. FUNERAL DIRECTOR ADDRESS Len R. Hogan, Jr. Ashley, Ill. 25. DATE RECD. BY LOCAL REG. JAN 8 1962 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 James L. Creason

Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

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.