

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035886

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9409

FILED OCT 11 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Clayton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If outside, give location) 6420 Clayton Rd.	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3. NAME OF DECEASED (Type or print) First Alfred Middle W. Last Arnzen			4. DATE OF DEATH Month Sept Day 30 Year 1962			
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-4-1921	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintaince Man		10b. KIND OF BUSINESS OR INDUSTRY St. Marys Hosp.		11. BIRTHPLACE (City and state or country) Missouri		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME August Arnzen		13b. MOTHER'S MAIDEN NAME Mary Scharenburg		
14. NAME OF HUSBAND OR WIFE Evelyn Arnzen		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 Address August W. Arnzen Laflin, 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 PANCREATITIS		INTERVAL BETWEEN ONSET AND DEATH 9-20-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 587-0		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CIRRHOSIS OF LIVER		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>12-26-61</u> to <u>9-30-62</u> and last saw ^{her} him alive on <u>9-30-62</u>	
Death occurred at <u>1:50</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <i>Dr. Truman Sailer MD</i>	22b. ADDRESS <i>6356 Clayton Rd. Clayton, Mo. 64010-1-62</i>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-3-1962	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	23d. LOCATION (City, town, or county) (State) Leopole, Missouri
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24. FUNERAL DIRECTOR ADDRESS Ward Funeral Home Lutesville, Missouri	25. DATE RECD. BY LOCAL REG. 10-2-1962	26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>
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USE BLACK INK OR TYPEWRITER RIBBON

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OCT 16 1962

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 Kenneth Liley

Licensed Embalmer No. 15086

P. O. Address Lutesville, 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.