MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012849
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 101

FILED APR 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0928
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph's Hosp. — Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 422 Tower Grove — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: Millard Middle: Wimer Last: Arnold
4. DATE OF DEATH: Month: March Day: 21 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married X Never Married Widowed Divorced
8. DATE OF BIRTH: 13 Feb. 1902
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (City and state or country): Indianapolis Ind.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Roy J. Arnold
13b. MOTHER'S MAIDEN NAME: Nelle Wimer
14. NAME OF HUSBAND OR WIFE: Eleanore Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Eleanore Arnold, Address: St. Charles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — Interval between onset and death: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis — Interval: Unknown
DUE TO (c): Diabetes mellitus — Interval: 24 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Myocardial infarction
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO X
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 21, 1961, to March 20, 1963 and last saw ~~her~~ him alive on March 20, 1963
Death occurred at 11:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Eugene J. Barry (Degree or title): M.D.
22b. ADDRESS: St. Charles, Mo
22c. DATE SIGNED: March 22, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 23 March 63
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: Prinster-Baue F. H. ADDRESS: St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: 3-23-63
26. REGISTRAR'S SIGNATURE: Marcella Wilson 3/23/63

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1963

APR 5 1963

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 Frederic W. Baue

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.