

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045160

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11545**

FILED DEC - 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>521 Oakwood Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Anderson</b> Last <b>Arnold</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/26/07</b>
9. AGE (last birthday) <b>56</b>		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) <b>Attorney</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and state or country) <b>Bloomington, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA.</b>		13a. FATHER'S NAME <b>John A. Arnold</b>	
13b. MOTHER'S MAIDEN NAME <b>Ellen Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Fox Arnold</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW 2</b>		17. INFORMANT Address <b>Mrs. Mildred Arnold, 521 Oakwood Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diffuse carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 months over</b>
DUE TO (b) <b>Carcinoma of the head of the pancreas</b>			<b>7 months</b>
DUE TO (c) <b>157X</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <b>7:30</b> a.m. Month, Day, Year <b>11/21/63</b>	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
21. I attended the deceased from <b>2/21/57</b> to <b>11/21/63</b> and last saw him <input checked="" type="checkbox"/> alive on <b>11/21/63</b> Death occurred at <b>7:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>David M. Skilling Jr.</b>		22b. ADDRESS <b>18 So. Kingshighway (8)</b>	22c. DATE SIGNED <b>11/21/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/23/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Churchyard</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL-DIRECTOR ADDRESS <b>Parker-Aldrich Funeral Home</b> <b>Webster Groves, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 22 1963</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

12288-318-02119

**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

*Law M. Seymour*

Licensed Embalmer No.

*4343*

P. O. Address

*St Louis 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.