

Registration District No.

Primary Registration District No.

Registrar's No.

8240

1. PLACE OF DEATH:

(a) County City of St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1209 N. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)

In this community 3 Weeks

3. (a) PRINT FULL NAME Arthur Aloysius Fatjo 3203. (b) If veteran, name war. 3. (c) Social Security No. unk4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years7. Birth date of deceased New Orleans 25 in 1860
(Month) (Day) (Year)8. AGE: Years 79 Months 5 Days 27 If less than one day hr. min.9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)10. Usual occupation Church Artist11. Industry or business Painter Interior12. Name Un'Domingo Fatjo13. Birthplace Spain
(City, town, or county) (State or foreign country)14. Maiden name Von Berthold15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lorena Groetsch(b) Address 4146 Case Ave Houston Tex.17. (a) removal (b) Date thereof 9-25-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Houston, Texas18. (a) Signature of funeral director Albert H. Hoppe Inc.(b) Address 4700 Washington Blvd.19. (a) SEP 25 1939 (b) J. J. [Signature]
(Date signed by registrar) (Date signed by registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 2

(c) City or town Houston WR
(If outside city or town limits, write "RURAL")

(d) Street No. 4146 Case Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1939 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above

Immediate cause of death: ruptured aneurysm Duration _____of ascending aortaContractile Chronic InterstitialDue to MyocardialChronic Interstitial Nephritis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature [Signature] (M. D. or other) _____Address [Signature] Date signed 9-25-39

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Robert G. Hope
Ray W. Wilkinson

Licensed Embalmer No.....

~~2575~~
2971

P. O. Address.....

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 this body is not embalmed, above space should be left blank.