

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 21 days  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, XX  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Arthur Paul  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 22  
year 1939 hour 7:55 minute P. M. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1899  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 2, 1939, Nov. 22 1939, that I last saw him alive on Nov. 22 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia (onset 11-5-39)  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
About 40 hr. min.

Due to Paresis 10-2-1939 x

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Due to 83

10. Usual occupation Unknown 7

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Unknown

Major findings: Of operations \_\_\_\_\_

12. Name Unknown 9  
18. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

Of autopsy No

14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant's own signature Peter Jado  
(b) Address 5400 Arsenal st

17. (a) \_\_\_\_\_ (b) Date thereof 11-25-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter  
(b) Address 3800 Rutger

19. (a) NOV 30 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

28. Signature Paul T. Hartman (M. D. or other) \_\_\_\_\_  
Address 5300 Arsenal Date signed 11-24

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**