

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 12 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42157  
Registrar's No. 11280

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH: 1003  
(a) County 2  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1407 East Gano Ave  
(d) Length of stay: In hospital or institution None  
(e) In this community Unknown

3. (a) PRINT FULL NAME John Arkes 627  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Arkes (nee Janssen)  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased April 8, 1870

8. AGE: Years Months Days If less than one day  
69 8 23 hr. min.

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

10. Usual occupation Laborer

11. Industry or business 6

12. Name Henry Arkes

13. Birthplace Holland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Keeven  
(City, town, or county) (State or foreign country)

15. Birthplace Florissant Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Anna Arkes

(b) Address 1407 East Gano Ave

17. (a) Burial (b) Date thereof 1/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 21 1939 (b) J. P. Brubaker  
(Date of burial or cremation) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 9  
(d) Street No. 1407 East Gano Ave  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 31  
year 1939 hour 12:30 PM minute M.

21. I hereby certify that I attended the deceased from Feb. 21, 1939 to Dec 31, 1939  
and that death occurred on the date and hour stated above.  
I last saw him alive on Dec 31, 1939

Immediate cause of death Chronic myocarditis  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Eugene L. Arnold (M. D. or other) M.D.  
Address 43511 W. W. Warner Date signed 1/2/39

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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.....

*Henry Hampton*

Licensed Embalmer No. *2967*

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