

APR 17 1940
85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 383

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 N. 20th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SAMUEL ARST 623

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Arst 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 1st 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation GROCEER (RETIRED)

11. Industry or business _____

12. Name Nathan Arst

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

14. Maiden name PEARL unknown

15. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Arst

(b) Address 1021 N. 20th. St Joseph

17. (a) BURIAL (b) Date thereof April 3rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHANE SHOLAN

18. (a) Signature of funeral director FLEEMAN & SON, INC. GE

(b) Address St Joseph, Mo

19. (a) 4/3/40 (b) H. J. Neethling
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st.
year 1940 hour 11 minute 00 p. M.

21. I hereby certify that I attended the deceased from 3-21-40
_____ 19____ to 4-1 19____;
that I last saw him alive on 4-1 19____
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis 12 days

Due to coronary sclerosis 3 years

Due to arteriosclerosis
Hypertension

Other conditions 9410
(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 Irwin J. Rosenthal M.D. (M. D. or other) 1

Address Central Bldg Date signed 4/2-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 8 1953

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.....

C. G. Swan

Licensed Embalmer No.....

4082

P. O. Address.....

St. Joseph

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.