

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County 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:
8218 Frederick Str **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community _____

8. (a) PRINT FULL NAME Anton Arendt **653**
8. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Dead Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 **1853**
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Laborer

11. Industry or business _____

MOTHER { 12. Name Anton Arendt
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Not Known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Arendt
(b) Address 8218 Frederick Str 1940

17. (a) Burial (b) Date thereof Aug 19 **Th**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 14 Th. Str

19. (a) AUG 17 1940 (b) J.P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis **8**
(If outside city or town limit, write "RURAL")
(d) Street No. 8218 Frederick Str
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 **Th**
year 1940 hour 8 minute 55 **M.**

21. I hereby certify that I attended the deceased from May 1940
_____ 19____ to Aug 16 1940

that I last saw him alive on Aug 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chc Myocarditis **Duration 4 mos.**

Due to _____
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) (e) Means of injury _____

23. Signature John P. Reeves (M. D. or other) **40**
Address 19209 1/2 Bonding Date signed Aug 17
CP.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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.