

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10443

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME William Arft

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mathilde Arft 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 26 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Henry Arft

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

14. Maiden name Sophia Oppermann

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

16. (a) Informant Wilber Arft

(b) Address Manchester Mo.

17. (a) Burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altheim Mo.

18. (a) Signature of funeral director Schrader Bros.

(b) Address Ballwin Mo.

19. (a) DEC 19 1940 (b) J. J. Bredeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Manchester
(If outside city or town limits, write "RURAL")
 (d) Street No. Hannah Road N.B.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
 year 1940 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from December 14th 1940 to Dec. 18th 1940 that I last saw him alive on Dec. 18th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
unspecified

Due to Cerebral Edema

Due to Mitral Regurgitation

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 920

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 James F. McAdams (M. D. or other) _____

Address Missouri Bldg. Date signed 12/19/40

Duration

3 da

6 da

?

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

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

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 _____

John Ketter

Licensed Embalmer No. *3880*

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.