

Registration District No. **1701**Primary Registration District No. **1003**Registrar's No. **10641**

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:
Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Katherine Arzt

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 25 1860
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Austria
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name ???? Hais13. Birthplace Austria
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature K. Franz Arzt(b) Address 7452 Wellington Way17. (a) Burial (b) Date thereof Dec. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cemetery18. (a) Signature of funeral director Petz-Brothers Ave(b) Address 3029 Lafayette Ave19. (a) Dec. 26 1940 (b) H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3304 Russell Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 62 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day December
year 1940 hour 3:15 minute A. M.21. I hereby certify that I attended the deceased from October 23, 1940, to December 25, 1940, that I last saw her alive on December 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>General Carcinomatosis (Carcinoma of the peritoneum)</u>	<u>2-</u>

Due to _____

Due to H6Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations	PHYSICIAN
<u>Malignancy of the omentum, primary</u>	Underline the cause to which death should be charged statistically.
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 H. Schuster M.D. (M. D. or other)Address 3153 Lawfellow Date signed 12/26

*Dr. Schlostein
2153 Longbeard*

Jan-26-11

But: 1-2-11 PM

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 *Francis J. Quinn*.....

Licensed Embalmer No. *2245*.....

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.