

DECEASED
GIVEN MAR 11 1944
Registration District No. 109

Primary Registration District No. 109

Registrar's No. 482

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94
(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 104 Benham
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert Arisman

3. (b) If veteran, name war No. 3. (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 Mary Frances 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan. 10 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 19 hr. min.

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

10. Usual occupation Driller

11. Industry or business _____

12. Name John Arisman

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

14. Maiden name Mattha Smith

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

16. (a) Informant Frank Arisman

(b) Address Flat River, Mo.

17. (a) Removal (b) Date thereof 3/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAP 1 1941 (b) Dr. R. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 26 1941 to Feb. 28, 41 1941;
that I last saw him alive on Feb. 27, 1941 1941;
and that death occurred on the date and hour registered above.

Immediate cause of death Bronchial Pneumonia Duration 3 d

Due to Chronic Endocarditis and Infirmities of age

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 Thos. J. Riel (M. D. or other) D

Address 7465 Hazel Date signed 3/1/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Walter H. Burnley
.....
Licensed Embalmer No. *4202*.....

P. O. Address.....

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, fact should be so stated above.