

No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1934
State File No. _____
Registrar's No. **5383**

HEB JUL 6 1942
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, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4416 Arco
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4416 Arco
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Dee Arment
3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1942 hour 11.10A.M. minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Edwin Arment 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 23, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1938 to June 22, 1942
(but I last saw him/her alive on Mar 14, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 29 _____ hr. _____ min.

Immediate cause of death _____
apoplexy - cerebral hemorrhage
Due to arteriosclerosis + ducts in arteries
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

Duration
1 hr.
8 yrs.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Lemuel Adams

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

14. Maiden name Burgess

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

16. (a) Informant Edna Claspill

(b) Address 4416 Arco

17. (a) Burial (b) Date thereof 6/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JUN 22 1942 (b) J. J. Prudek
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

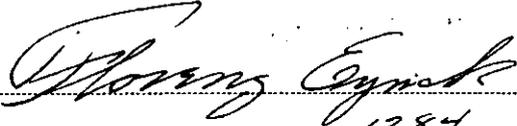
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. M. Stuart (M. D. or other) _____
Address 3115 Stuart Date signed 6/23/42

844 (Licensed Embalmer's Statement on Reverse Side)

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..... 
Licensed Embalmer No..... 1284
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, fact should be so stated above.