

LED JUL 8 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 5883 ✓

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:  
Mo. Baptist Hospital  
(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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4926 Columbia Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Arbini

3. (b) If veteran, name war None  
3. (c) Social Security No. 489-01-9563

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

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

7. Birth date of deceased Jan. 2nd 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min

9. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Glass Cutter retired

11. Industry or business Hadley Dean Glass Co.

12. Name Charles Arbini

13. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name Angelina Unknown

15. Birthplace Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adele Arbini

(b) Address 4926 Columbia Ave.

17. (a) Burial (b) Date thereof 6-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 28 1943 (b) J. F. Budesh  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th  
year 1943 hour 11 minute P.M. M.

21. I hereby certify that I attended the deceased from 5/1 to 6/25  
that I last saw him alive on 6/25  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Due to to glomerular nephritis  
from liver nephritis  
Due to ritus

Other conditions (I include pregnancy within 3 months of death) 131

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?

23. Signature P. C. Miller (M. D. or other) med  
Address 2608 Kingshighway Date signed \_\_\_\_\_

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

MOTHER FATHER

10-12  
0928

---

---

**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 *Richard W. Howard*

Licensed Embalmer No. *4007*

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.**