

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

FILED MAR 20 1944  
 Registration District No. **518**

Primary Registration District No. **1003**

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

**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:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)  
 In this community 20 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 000  
17  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 915  
 (d) Street No. 4240 Delor Street  
(If rural, give location)  
 (e) Citizen of foreign country? --- (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Arthur D. Vincent  
 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 Bertha 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased May 16, 1887  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
56 9 26 hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Chauffeur

11. Industry or business Metropolitan Police

12. Name Frank Vincent

13. Birthplace Belgium (City, town, or county) (State or foreign country) 6

14. Maiden name Unknown

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

16. (a) Informant Bertha Vincent

(b) Address 4240 Delor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1944  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michogan Avenue

19. (a) MAR 12 1944 (Date received local registrar) (b) J. Predeck (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month MARCH, day 10<sup>TH</sup>  
 year 1944 hour 9<sup>30</sup> minute A. M.  
 21. I hereby certify that I attended the deceased from MAY  
12<sup>TH</sup>, 1944, to MARCH 10, 1944  
 that I last saw him alive on FEB. 15, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CORONARY THROMBOSIS Duration 5 M.  
 Due to CORONARY ARTERIOSCLEROSIS Subal  
ANGINA PECTORIS 4 years  
 Due to SENILITY  
 Other conditions 7/4  
(Include pregnancy within 3 months of death)

**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?  
Com.  
(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury 0  
 23. Signature James A. Cummings (M. D. or other) 0  
 Address 444 N. Euclid Date signed 3/11/44

D. Cunningham  
444 4 Enclot  
1-3 P.M.

**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 *Charles E. Hendler*.....

Licensed Embalmer No. *1111*.....

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.**