

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12509

FILED APR 20 1944
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3230

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:
Missouri 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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1246 Aubert
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Arisman
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5
year 1944 hour two minute _____ P. M.
21. I hereby certify that I attended the deceased from March 24, 1944
to April 5, 1944
that I last saw him alive on 4/5/44--noon
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Johanna Arisman
6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased: Sept. 6 1872
(Month) (Day) (Year)

Immediate cause of death Cardiac Duration _____
Due to probable Coronary Thrombosis
Due to _____

8. AGE: Years Months Days If less than one day
71 6 29 _____ hr. _____ min.

Other conditions Post-operative surgical shock
(Include pregnancy within 5 months of death)
Major findings: Ruptured gangrenous Gall Bladder: Bowel obstruction Colostomy-ileum.
Of operations _____
Of autopsy _____

9. Birthplace Iron County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Noah Arisman
13. Birthplace Roanoke Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha Webb
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Bernice Maxwell
(b) Address 1246 Aubert
17. (a) Burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

23. Signature Raymond M. Spivy (M. D. or other)
Address 3720 Washington Av. Date signed 4/6/44

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 6 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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..... *W. Wilkins*
Licensed Embalmer No..... *3575*
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.