

**FILED DEC 17 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3063**

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

1. PLACE OF DEATH: **St. Louis**

(a) County **St. Louis**

(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 days**  
(Specify whether years, months or days)

In this community **7 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")

(d) Street No. **9209 Meadowbrook Lane**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: **ROBERT ARISMAN**

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 **Widowed**

6. (b) Name of husband or wife **Nora Whitney** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 30 1876**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **0** Days **21** If less than one day  
hr. min.

9. Birthplace **Iron County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Noah H. Arisman**

13. Birthplace **Missouri**  
(State or foreign country)

14. Maiden name **Martha Webb**

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

16. (a) Informant **Self, Robert Arisman**

(b) Address **9209 Meadowbrook Lane**

17. (a) **Burial** (b) Date thereof **11-24-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boss, Missouri**

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

(b) Address **4700 Washington Blvd.**

19. (a) **11-24-45** (b) **Wm. J. Garand**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **21**  
year **1945** hour **2** minute **20** p. m.

21. I hereby certify that I attended the deceased from **Nov. 7**, 19**45**, to **Nov. 21**, 19**45**  
that I last saw him alive on **Nov. 21**, 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphatic leukemia** Duration 1 yr.

Due to **74a**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **D**

23. Signature **Wm. J. Garand** (M. D. or other) \_\_\_\_\_

Address **603 Brentwood** Date signed **11-22-45**

**Clayton**

St. Louis  
Missouri

St. Louis County Hospital  
St. Louis, Mo

7 lbs

ROBERT ALBERT

Male White Married

October 20 1938

MISSOURI  
ST. LOUIS

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 *John Agnoski*  
Licensed Embalmer No. *3398*

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.