

FILED JUL 3 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (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 60 years (Specify whether years, months or days)
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry G. Arras

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male
5. Color white
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife late Anna Arras
6. (c) Age of husband or wife if alive years

7. Birth date of deceased. September 1st. 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 24
If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

12. Name Phillip Arras

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

14. Maiden name unknown
15. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Arras
(b) Address 4030a Maffitt Ave.

17. (a) Burial (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Ill
ny. Leidner U. Co.

18. (a) Signature of funeral director
(b) Address 2223 St. Louis Ave.

19. (a) JUN 27 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 4052 Maffitt Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
1946 year 11:05 PM. minute M.

21. I hereby certify that I attended the deceased from June 11 1946 to June 25 1946
that I last saw him alive on June 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral accident

Diagnosis: Diabetes
Chronic myocarditis
With acute filarilaria

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature G. H. Kilker (M. D. or other)
Address 312 1/2 N. Grand Date signed 6/29/46

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

MOTHER FATHER

Wm. C. H. Holden
3121 N. Main St.

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 P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis

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.