

S. No. 2
-12-45
5-17-39
P1 X47070

FILED SEP 24 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1867

Registration District No. 317 Primary Registration District No. 3063

1. PLACE OF DEATH:

(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 Hosp. O.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hrs 45 min.
 (Specify whether _____)
 In this community Life
 years, months or days _____

3. (a) PRINT FULL NAME Thomas L. Arth
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
 7. Birth date of deceased Sept. 5, 1936.
 (Month) (Day) (Year)

8. AGE:	Years, ^d	Months	Days	If less than one day
	<u>10</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation School-boy

11. Industry or business _____

MOTHER FATHER {
 12. Name Harold L. Arth
 13. Birthplace St. Char. Co. Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Alvina M. Arth
 15. Birthplace Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant Harold L. Arth
 (b) Address 8713 Sarven

17. (a) Burial (b) Date thereof Sept. 9/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiament Ave.

19. (a) 9-11-46 (b) Robert N. Keenan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Berkeley City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8713 Sarven
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
 year 1946 hour 4 minute 25 M.
 21. I hereby certify that I attended the deceased from 10:40 am
Sept 5th 1946, to 4:25 am Sept 6 1946,
 that I last saw him alive on Sept 6 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration _____

Due to Perforation of pylorium

Due to Carcinoma of abdomen

Other conditions 1952
 (Include pregnancy within 3 months of death)

Major findings: Perforation 18 miles
 Of operations distal to pyl. end of pylorium
 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:

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-9-46 7:30 PM '46

(c) Where did injury occur? Berkeley St. Louis, Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home
 (Specify type of place)

While at work? no (e) Means of injury Hitting by
stomach by running
 23. Signature Robert N. Keenan (M. D. or other) M.D.
 Address St. Louis County Hosp Date signed 9-8-46

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

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.....

Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address.....1125 Hodiament Ave.,...

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.