

No. 2
-12-45
5-17-39
I X47070

FILED AUG 4 1947

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town West Frankfort
(If outside city or town limits, write "RURAL")

(d) Street No. 309 E. Oak
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Samuel Arsht

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 Ida Ritter Arsht 6. (c) Age of husband or wife if alive 55 years

7: Birth date of deceased Sept. 16 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>10</u>	<u>8</u>	hr. min.

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

10. Usual occupation Retired Shoe Merchant

11. Industry or business _____

12. Name Louis Arsht

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Samuel Arsht

(b) Address West Frankfort Ill.

17. (a) Burial (b) Date thereof 7-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Fink

(b) Address 5216 Delmar Blvd.

19. (a) JUL 23 1947 (b) J. F. Buebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 13 1947 to July 23 1947
that I last saw him alive on July 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Nephrosclerosis 2 + yrs.

Due to _____

Other conditions Peptic ulcer
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy nephrosclerosis of kidneys

Duration _____

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 _____

23. Signature FR Bradley (M. D. or other) _____

Address Barnes Date signed 7/23/47

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.