S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42829

FILED DEC 31 1947

Registration District No. 80322 318 Primary Registration District No. 1003 Registrar's No. 11517

1. PLACE OF DEATH:
(a) County
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 S. MAIN ST. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 15
If yes, name country

3. (a) PRINT FULL NAME WALTER ARSING
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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased ABOUT — 1884 (Month) (Day) (Year)

8. AGE: Years ABOUT 63 Months Days If less than one day hr. min.

9. Birthplace MEXICO (City, town, or county) (State or foreign country)
10. Usual occupation DAY LABORER
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace MEXICO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace MEXICO (City, town, or county) (State or foreign country)

16. (a) Informant JEROME VANDERIET
(b) Address 2848 MISSOURI AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation MOUNT HOPE CEM.
18. (a) Signature of funeral director Wm. Rothkerson
(b) Address 2906 Bergamo
19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1947 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from 12-9-47, 19..., to 12-16-47, 19...; that I last saw h. 1m. alive on 12-16-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac failure
Due to Hypertension
Due to Chronic nephritis
Due to
Other conditions (Include pregnancy within 3 months of death) Incontinentia
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Robert Power M.D. (M. D. or other)
Address 1515 Lafayette Date signed 12/16/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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: Hamer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.