No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9941

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2789

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 4542a Adelaide Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 4542a Adelaide Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTIN W. ARENSMEYER

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-2150

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Arensmeyer

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February (Month) 18 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	1	2	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Warehouse Clerk

11. Industry or business International Shoe Co.

FATHER
12. Name Henry Arensmeyer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Anna Windler
15. Birthplace New Minden (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant Katherine Arensmeyer
(b) Address 4542a Adelaide Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul C

18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 No. Kingshighway

19. (a) MAR 22 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1948 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1947, to March 1948, that I last saw him alive on March 19 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	1 hour
Due to Hypertension	1 year
Due to Chronic Interstitial Nephritis	1 year
Other conditions (Include pregnancy within 3 months of death)	
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 Martin J. Hoss (M. D. or other)

Address 506 Olive Date signed 3/22/48

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.**