

Registration District No. 317

Primary Registration District No. 2043

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 HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 HRS. 40 MIN.  
(Specify whether years, months or days) 20 YEARS

3. (a) PRINT FULL NAME EMMA ARTMAN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-01-3070D

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife GEORGE ARTMAN 6. (c) Age of husband or wife if alive, years 41

7. Birth date of deceased MAY 4, 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name WM. CASPER 0

13. Birthplace ST. LOUIS Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH DOLL

15. Birthplace ST. LOUIS Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant COUNTY HOSPITAL RECORDS

(b) Address CLAYTON, MO. 1

17. (a) CREMATION (b) Date thereof 11-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREM.

18. (a) Signature of funeral director John L. Ziegenfuss

(b) Address 7027 Gravelly

19. 11-1-48 (Date received from registrar) (b) Beulah J. Sharp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS 96  
(c) City or town LEMAY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 521 JEFFORDS  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 29  
year 1948 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from OCTOBER 28, 1948, to OCTOBER 29, 1948;  
that I last saw her alive on OCTOBER 29, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage into rt ventricle of brain

Due to arteriosclerotic heart vessel disease & hypertension

Due to 93d

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy same as above listed

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 0

23. Signature W. John (M. D. or other)

Address 601 S. BARNETT DR. D. 10 Date signed 11/1/48

**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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 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.**